STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

	Sheets Presented	filing pursuant to the Uniform Commercia	ed to a Filing 1 I Code	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
FIRST FAMILY FINANCIA	L SERVICES, INC.			
3590-A HWY 31 SOUTH P	O BOX 909			
PELHAM, AL 35124		1		
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Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	1	Q.	an 🖰
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1057 9TH AVE SW			Ç	
ALABASTER, AL 35007			ற்	भू हर इस
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Social Security/Tax IO #			•	*
Name and Address of Debtor (IF AN	NY) (Last Name First if a Person)]	₩	8 , 8 _
WHITE, MR, CLARK B		!		
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ALABASTER, AL 3500	7		1-4	- - -
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Social Security/Tax ID #				
Additional debtors on attached UCC-E				
SECURED PARTY (Name and Address of Secure	ed Party)	4. ASSIGNEE OF SECURED PARTY (Name and	Address of A	esignee)

FIRST FAMILY FINNACIA				
3590- AHWY 31 SO PO	BOX 909			
PELHAM, AL 35124		i		
Social Security / Tax ID #				
Additional secured parties on attached UCC-E		1		
Acceptation secured parties on attached CCC-E				
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Check X if covered: ☐ Products of Colleteral are This statement is filled without the debtor's signature	also covered.	7 Complete only when filing with the Judge of Pro	bate	Back of Form Theil Best Describes The Collateral Covered By This Fiting:
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