

Important: Read Instructions on Back Before Filling out

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☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n)		No. of Additional Sheets Presented	This FINANCING STATEMENT is presented to a Filing Office for filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICE Date Time Number & Filing Office		
First Family Financial Services, Inc. 682 Clanton Market Place Clanton, AL 35045				
Pre-paid Acct # _____				
2 Name and Address of Debtor		(Last Name First if a Person)		
Kathryn Preston 141 Bentley Circle Shelby, AL 35143				
Social Security/Tax ID # _____				
2A Name and Address of Debtor		(IF ANY)	(Last Name First if a Person)	
Social Security/Tax ID # _____				
☐ Additional debtors on attached UCC-E				
3 SECURED PARTY (Last Name First if a Person)		4 ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)		
First Family Financial Services, Inc. 682 Clanton Market Place Clanton, AL 35045				
Social Security/Tax ID # _____				
☐ Additional secured parties on attached UCC-E				
5 ☐ This statement refers to original Financing Statement bearing File No. 1995-17449				
Filed with Shelby Probate Date Filed 10 95				
6 ☐ Continuation The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above is still effective				
7 ☒ Termination Secured Party no longer claims a security interest under the financing statement bearing the file number shown above				
8 ☐ Partial or Full Assignment The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file is assigned to the Assignee whose name and address appears in item 4				
9 ☐ Amendment Financing statement bearing file number shown above is amended as set forth in item 11				
10 ☐ Partial Release Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above				
Window Installation				
Check X if covered ☐ Products of Collateral are also covered				
Signature(s) of Debtor(s)				
Signature(s) of Debtors (necessary only if item 9 is applicable)				
Type Name of Individual or Business				
FILING OFFICER'S COPY ALABAMA U.C.C. NUMERICAL				
FILING OFFICER'S COPY SECOND PARTY(S)				
FILING OFFICER'S COPY ACKNOWLEDGEMENT				
FILING OFFICER'S COPY				
STANDARD FORM AND OTHER INFORMATION CODE FORM 10-1				
Approved by The Secretary of State of Alabama				
Signature(s) of Secured Party(ies) First Family Financial Services, Inc. Type Name of Individual or Business				
11A Enter Codes From Back of Form That Best Describe The Collateral Covered By This Filing				
Inst # 1999-12749 03/26/1999-12749 10:54 AM CERTIFIED SHELBY COUNTY CLERK OF PROBATE JULY 1999 \$100.00				