

1. Return copy or recorded original to:

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

1023256389

AFTER FILING RETURN TO:
CT CORPORATION
17 SOUTH HIGH STREET
COLUMBUS, OH 43215

2 Name and Address of Debtor (Last Name First if a Person)

LYNN, SHIRLEY R.
 12451 HWY43
 VANDIVER

AL 35176

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)

BAMA POWER
 4202 MARTIN DR
 CROPWELL, AL. 3505

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. The Financing Statement Covers the Following Types (or items) of Property:

N YAMAHA

99 YFM600LE

JY4AJ02W2XA001740

5A. Enter Code(s) From
Back of Form That
Best Describes The
Collateral Covered
By This Filing:

6 0 0

Check X if covered: ☐ Products of Collateral are also covered.

6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)

- ☐ already subject to a security interest in another jurisdiction when it was brought into this state.
☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.
☐ which is proceeds of the original collateral described above in which a security interest is perfected.
☐ acquired after a change of ~~ownership~~
☐ as to which the filing has lapsed

7. Complete only when filing with the Judge of Probate.

The initial indebtedness secured by this financing statement is \$ 7,665.12

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 26.55 11.55

8. ☐ This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)Signature(s) of Secured Party(ies)
(Required only if filed without debtor's Signature — see Box 6)

SOUTHEAST TRUST BANK, N.A.

Signature(s) of Secured Party(ies) or Assignee

By: Susan T. Bailey

Signature(s) of Secured Party(ies) or Assignee

Susan T. Bailey/Asst. Vice President

Type Name of Individual or Business

Type Name of Individual or Business

(1) FILING OFFICER COPY-ALPHABETICAL

001-00060

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UC
Approved by The Secretary of State of Alabama