

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
Hogarty, Inc.  
545 PINE ST.  
P.O. BOX 818  
ROCKA, MD. 55303

Inst # 1999-18164  
04/30/1999-18164  
01:44 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
004 MMS 22:20

FILED WITH:

4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
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5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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 name, identity or corporate structure of debtor☐ as to which the filing has lapsed.

X Annie M. L. L. L. L.  
Signature(s) of Debtor(s)

~~ANNIE GILDEWELL~~  
Signature(s) of Detainer

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETIC  
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
(4) FILE COPY - SECURED

7. Complete only when filing with the Judge of Probate

The initial indebtedness secured by this financing statement is \$ 22,200

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

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)

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

**FREEDOM FINANCIAL SERVICES, INC.**

Type Name of Individual or Business

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  
Approved by The Secretary of State of Alabama