Return copy or recorded original to:	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
TRST FAMILY FINANCIAL SERVICES, INC.	
590-A HWY 31 S	
ELHAM, AL 35124	
	! !
42991476	
Pre-paid Acct. #	
2. Name and Address of Debtor (Last Name First if a Person)	0 4 H € 5
SMITH, BOBBY J	0 0 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
7717 HWY 47 LOT 3	○
SHELBY, AL 35143	→ (3)
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Social Security / Tax ID # (Last Name First if a Person)	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID #	_
Additional debtors on attached UCC-E	A ACCIONICE OF SECURED DADTY (Name and Addison of Assistant)
3 SECURED PARTY (Name and Address of Secured Party)	4. ASSIGNEE OF SECURED PARTY (Name and Address of Assignee)
FIRST FAMILY FINANCIAL SERVICES, INC.	
3590-A HWY 31 SOUTH	
PELHAM, AL 35124	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5. The Financing Statement Covers the Following Types (or items) of Property	<u> </u>
25" RCA TV	
13" RCA TV/VCR COMBO	
RCA VCR	5A Enter Code(s) From
RCA STEREO	Back of Form That Best Describes The Collateral Covered
	By This Filing:
ð	
•	
•	
Check X if covered: Products of Collateral are also covered.	7. Complete only when filing with the Judge of Probate
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)	7 Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing statement is \$ 1400.00
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	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 2.10
to this state. Which is proceeds of the original collateral described above in which a security interest is	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).
perfected. acquired after a change of name, identity or corporate structure of debtor	Signature(s) of Secured Barty(les)
as to which the filing has lapsed.	(Required only if filed without debtor's Signature — see Box 6)
Bobby Smith	full & Some
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) or Assignee
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) or Assignee
BOBBY SMITH	FIRST FAMILY FINANCIAL SERVICES, INC.
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE FORM UCC-1
(2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY-SECURED PARTY(S)	(5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama

Sheets Presented

<u>as seigned of ASA GODE 7-9-105(6).</u>