

**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

50800

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

22326745

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to: | | No. of Additional Sheets Presented: _____ This FINANCING STATEMENT is presented to a Filing Office for filing pursuant to the Uniform Commercial Code. | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| GREEN TREE FINANCIAL CORPORATION 324 INTERSTATE PARK DR. PO BOX 3317 MONTGOMERY, AL 36109 Pre-paid Acct. # _____ | | 2. Name and Address of Debtor (Last Name First if a Person) HOFFMAN, ROBERT C. 101 GREEN PARK SOUTH PELHAM, AL 35124 Social Security/Tax ID # _____ | | <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> 105-30146999-30140 07/19/1999 11:01 AM CERTIFIED JUDGE OF PROBATE SHELBY COUNTY .00 001 HNS </p> | |
| 2A Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ | | 4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) GREEN TREE FINANCIAL CORPORATION 324 INTERSTATE PARK DR. PO BOX 3317 MONTGOMERY, AL 36109 Social Security/Tax ID # _____ | | | |
| <input type="checkbox"/> Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) GREEN TREE FINANCIAL CORPORATION 324 INTERSTATE PARK DR. PO BOX 3317 MONTGOMERY, AL 36109 Social Security/Tax ID # _____ | | 4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) GREEN TREE FINANCIAL CORPORATION 324 INTERSTATE PARK DR. PO BOX 3317 MONTGOMERY, AL 36109 Social Security/Tax ID # _____ | | | |
| <input type="checkbox"/> Additional secured parties on attached UCC-E 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1996-25502</u> Filed with <u>SHELBY CO.</u> Date Filed <u>08-07-1996</u> 19____ | | 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 602 _____ 801 _____ 803 _____ _____ _____ _____ | |
| 11. 1989 CEDAR BROOK 16 X 76 SERIAL #MHAL1504 And including all furniture, fixtures, appliances and appurtenances therein and thereto; including but not limited to those items specified on manufactures invoices and/or purchase agreement and/or retail installment contract or installment loan agreement. "This financing statement does not apply to nonpurchase money household goods as defined at 16 CFR 444. (i) or the state law equivalent statute". This financing statement covers a mobile home which does not constitute inventory and remains in effect until a termination statement is filed. 22326745 Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | | | | |
| Signature(s) of Debtor(s) _____ Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____ Type Name of Individual or Business _____ | | Signature(s) of Secured Party(ies) <u>Maria Bednar</u> GREEN TREE FINANCIAL CORPORATION Type Name of Individual or Business _____ | | | |