

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

47052

Important: Read Instructions on Back Before Filling out Form.

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

<input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to Associates Housing Finance 3113 Skyway Cr. North Irving, TX 75038		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) Holcomb Donny 1548 Simsville Rd. Alabaster, AL 35007		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1999-48148</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">11/29/1999-48148</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">12:45 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">16.00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MMS</p>
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		
Social Security/Tax ID # _____ 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Associates Housing Finance 3113 Skyway Cr. North Irving, TX 75038		
Social Security/Tax ID # _____ 4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)		
<input type="checkbox"/> Additional debtors on attached UCC-E 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>15504</u> Filed with <u>Shelby CO</u>		FILED WITH: Date Filed <u>6-14-1995</u>
6. <input checked="" type="checkbox"/> Continuation The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective 7. <input 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 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.		

1987 Frontier #2423 14x70 Mobile Home

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

602 — — — — —
 — — — — —
 — — — — —
 — — — — —
 — — — — —
 — — — — —
 — — — — —

Check X if covered: ☐ 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 <u>Associates Housing Finance</u>	Signature(s) of Secured Party(ies) _____ Signature(s) of Secured Party(ies) _____ Type Name of Individual or Business <u>Associates Housing Finance</u>
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(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL (3) FILING OFFICER COPY - ACKNOWLEDGEMENT (4) FILE COPY - SECURED PARTY (5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama