

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

52909

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

☐ 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

UNION STATE BANK
P.O. BOX 647
PELL CITY, AL 35125

Pre-paid Acct #

2. Name and Address of Debtor

(Last Name First if a Person)

WHITE, LARRY D.
16307 HWY 42 Lot 13
Shelby, AL 35143

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. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

UNION STATE BANK
P.O. BOX 647
PELL CITY, AL 35125

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. ☒ This statement refers to original Financing Statement bearing File No. **1998-29397**

Filed with **SHELBY COUNTY JUDGE OF PROBATE**

Date Filed **08/03** 19 **98**

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

8. ☐ Partial or Full. 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

Assignment whose name and address appears in item 4.

9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.

10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file

Release number shown above.

11.

11A. 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.

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)

Signature(s) of Secured Party(ies)

UNION STATE BANK

Type Name of Individual or Business