

# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

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

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

30367

<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 acknowledgement to:  <b>ASSOCIATES HOUSING FINANCE</b> <b>3113 SKYWAY CIRCLE NORTH</b> <b>IRVING, TX 75038</b>  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office   <div style="text-align: center;"> <p><b>Inst # 2000-03887</b></p> <p><b>02/07/2000-03887</b></p> <p><b>12:46 PM CERTIFIED</b></p> <p><b>SHELBY COUNTY JUDGE OF PROBATE</b></p> <p><b>52:40</b></p> <p><b>001 MMS</b></p> </div>
2. Name and Address of Debtor (Last Name First if a Person)  <b>LAMAR BALLARD</b> <b>1395 FRANKLIN RD</b> <b>ALABASTER, AL 35007</b>  Social Security/Tax ID # _____		FILED WITH:  <b>JUDGE OF PROBATE--SHELBY COUNTY</b>
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>JOHN W. TAYLOR III</b> <b>KAMI Y. TAYLOR</b> <b>1395 FRANKLIN RD</b> <b>ALABASTER, AL 35007</b>  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)  <b>FORD CONSUMER FINANCE CO INC</b> <b>P.O. BOX 17128</b> <b>PENSACOLA, FL 32522</b>  Social Security/Tax ID # _____		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  <b>ASSOCIATES HOUSING FINANCE</b> <b>3113 SKYWAY CIRCLE NORTH</b> <b>IRVING, TX 75038</b>  <b>SUCCESSOR TO BUY OUT</b>
<input type="checkbox"/> Additional secured parties on attached UCC-E		

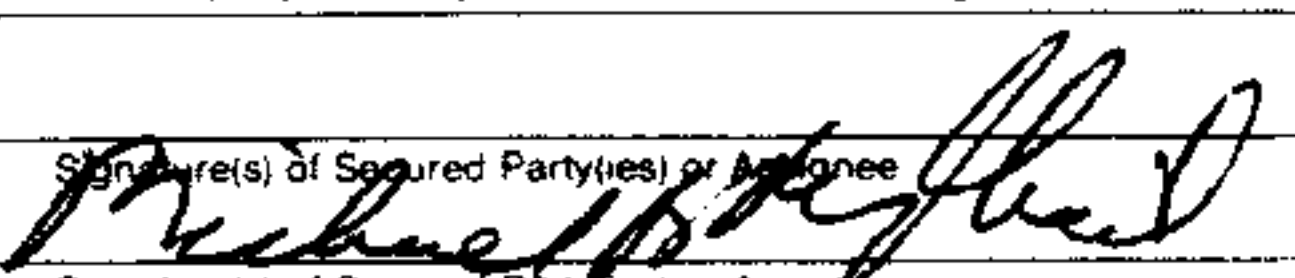
5. The Financing Statement Covers the Following Types (or items) of Property:

1989 MARSHALL 72X16 SERIAL # 1611 INCLUDING ALL RELATED ACCESSORIES, APPLIANCES, EQUIPMENT, FURNITURE, FURNISHINGS AND ALL ADDITIONS AND ACCESSIONS THERETO AND REPLACEMENTS THEREOF. THIS FINANCING STATEMENT COVERS A MOBILE HOME WHICH IS NOT INVENTORY AND REMAIN EFFECTIVE UNTIL A TERMINATION STATEMENT IS FILED.

5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing.

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Check X if covered: <input type="checkbox"/> 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): <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input checked="" type="checkbox"/> as to which the filing has lapsed.	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>23508.97</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>35.40</u>  8. <input type="checkbox"/> 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)
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Signature(s) of Debtor(s)  Signature(s) of Debtor(s)  Type Name of Individual or Business	 Signature(s) of Secured Party(ies) or Assignee <b>ASSOCIATES HOUSING FINANCE</b> Type Name of Individual or Business
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