

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

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

18141

<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 Office for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original acknowledgement to: <b>ASSOCIATES HOUSING FINANCE</b> <b>3113 SKYWAY CR. NORTH</b> <b>IRVING TX 75038</b>		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) <b>HORTON, GREGORY D.</b> <b>RT 1 BOX 3615</b> <b>SHELBY AL 35143</b>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Invest # 2000-05178              02/18/2000-05178              11:25 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              30.25              001 NWS           </div>
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <b>HORTON, REGINA R.</b> <b>RT 1 BOX 3615</b> <b>SHELBY AL 35143</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</b> <b>P.O. BOX 22008</b> <b>TAMPA FL 33622-2008</b>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		
5. The Financing Statement Covers the Following Types (or items) of Property: <b>1988 CAVALIER S/N# 6488 INCLUDING ALL RELATED ACCESSORIES, APPLIANCES AND EQUIPMENT, FURNITURE, FURNISHINGS AND ALL ADDITIONS AND ACCESSIONS THERETO AND REPLACEMENTS THEREOF. THIS FINANCING STATEMENT COVERS A MOBILE HOME WHICH IS NOT INVENTORY AND SHALL REMAIN EFFECTIVE UNTIL A TERMINATION STATEMENT IS FILED.</b>		FILED WITH: <b>JUDGE OF PROBATE--SHELBY COUNTY</b> 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 CR. NORTH</b> <b>IRVING TX 75038</b>
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>9436.57</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>14.25</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 Debtor(s)

Signature(s) of Debtor(s)

Type Name of Individual or Business

Signature of Secured Party (res) or Assignee

Signature(s) of Secured Party(ies) or Assignee:

ASSOCIATES HOUSING FINANCE

Type Name of Individual or Business