

# 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.**  
314 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

21971

<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 CR. NORTH</b> <b>IRVING, TX 75038</b>  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 2000-13586              04/26/2000-13586              11:09 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              001 MMS 55.00           </div>
2. Name and Address of Debtor (Last Name First if a Person)  <b>JAMES L THRASH</b> <b>71 CEDAR GROVE MHP</b> <b>MAYLENE, AL 35114</b>  Social Security/Tax ID # _____		
2A Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>JANICE E VANDERSLICE</b> <b>71 CEDAR GROVE MHP</b> <b>MAYLENE, AL 35114</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 # _____		FILED WITH:  <b>SHELBY COUNTY, JUDGE OF PROBATE</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>
<input type="checkbox"/> Additional secured parties on attached UCC-E		

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

1987 BRILLIANT 80x16 S?N 0076

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 SHALL 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.

602 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check X if covered: ☐ 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)
- ☐ already subject to a security interest in another jurisdiction when it was brought into this state.
- ☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state
- ☐ which is proceeds of the original collateral described above in which a security interest is perfected.
- ☐ acquired after a change of name, identity or corporate structure of debtor
- ☒ 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 \$ 25946.40  
 Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 3900

8. ☐ 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(s) of Secured Party(ies)  
 (Required only if filed without debtor's Signature — see Box 6)

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

Signature(s) of Secured Party(ies) or Assignee  
**ASSOCIATES HOUSING FINANCE**

Type Name of Individual or Business