

1. Return copy or recorded original to:

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)

**LESSEE:**

**Spates, Jerry**  
200 Glaze Ferry Road  
Harpersville, AL 35078

Social Security / Tax ID #

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

**LESSEE:**

**Spates, Joany**  
200 Glaze Ferry Road  
Harpersville, AL 35078

Social Security / Tax ID #

☐ Additional debtors on attached UCC-E

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

**LESSOR:**

**Telease Financial Services**  
PO Box 4708  
Syracuse, NY 13221-4708

Social Security / Tax ID #

☐ Additional secured parties on attached UCC-E

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☒ This statement refers to original Financing Statement bearing file No. **1996-25417**  
Filed with **Shelby County Judge of Probate**

Date Filed **8/7/96**

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 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. ☐ 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 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) or Assignee

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

**Telease Financial Services**

Type Name of Individual or Business