

STATE OF GEORGIA - UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENT, ETC. - FORM UCC-3 (Revised 1/1/1995)
Form must be typed. Read instructions on back before filling out form.

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

THIS STATEMENT IS PRESENTED TO A FILING OFFICER FOR FILING PURSUANT TO THE
UNIFORM COMMERCIAL CODE, STATE OF GEORGIA.

1A. Debtor Name and Mailing Address: ☐ Individual (Last, First, Middle Name)
☐ Business (Legal Business Name)
HORTON, HATTIE L.
1421 W OLD HWY 25
COLUMBIANA, AL 35051

1B. Enter Social Security /Tax ID # [REDACTED] 1C. ☐ Check if exempt under Item 6A

2A. Debtor Name and Mailing Address: ☐ Individual (Last, First, Middle Name)
☐ Business (Legal Business Name)

2B. Enter Social Security /Tax ID # _____ 2C. ☐ Check if exempt under Item 6A

3A. Debtor Name and Mailing Address: ☐ Individual (Last, First, Middle Name)
☐ Business (Legal Business Name)

3B. Enter Social Security /Tax ID # _____ 3C. ☐ Check if exempt under Item 6A

4. Secured Party Name and Mailing Address: ☐ Individual (Last, First, Middle Name)
☐ Business (Legal Business Name)
REGIONS BANK
124 MARKET CENTER DR
ALABASTER, AL 35007

ABOVE SPACE FOR RECORDING INFORMATION ONLY

5. Assignee Name and Mailing Address: ☐ Individual (Last, First, Middle Name)
☐ Business (Legal Business Name)

6A. Exceptions for Social Security/Tax ID#: (1) Pursuant to O.C.G.A. 11-9-402(9), this UCC-3 state-
ment relates to an original financing statement filed to perfect a security interest in collateral al-
ready subject to a security interest in another jurisdiction when it was brought into this state or
when the debtor's location was changed to this state, or the debtor was not required to have such
a number; or (2) Pursuant to O.C.G.A. 11-12-102(2)-(3), this statement is a Transitional Filing
relating to an original financing statement filed prior to January 1, 1995.

6B. ☐ This statement is a transitional filing relating to an original financing statement filed prior to
January 1, 1995.

7A. File Number of Original Financing Statement

1999-50119

7B. County in which filed

SHELBY COUNTY

7C. Date of Original Filing

12/13/99

8. Type of Statement (Check only one)

- A ☐ **Continuation.** The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is still effective. If collateral consists ONLY of consumer goods as
defined in O.C.G.A. 11-9-109 and the secured obligation is originally \$5,000 or less, give maturity date (MONTH/DAY/YEAR) or state "None" _____.
- B ☐ **Release.** The Secured Party releases the collateral described in Item 9A below from the Financing Statement bearing the file number shown above.
- C ☐ **Partial Assignment.** Some of the Secured Party's rights under the Financing Statement bearing the file number shown above have been assigned to the assignee above named. A description of
the collateral subject to the assignment is set forth in Item 9A below.
- D ☐ **Assignment.** The Secured Party has assigned to the Assignee above named all the Secured Party's rights under the Financing Statement bearing the file number shown above.
- E ☐ **Amendment.** The Financing Statement bearing the file number shown above is amended as set forth in Item 9A below.
- F ☒ **Termination.** The Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.

9A. Description (Required for Release, Assignment or Amendment)

9C. Enter collateral code(s) from back of
form that best describes collateral
covered by this filing:

9B. ☐ Products of collateral are also covered.

9D. Number of additional sheets
presented: _____

10. Signature(s) of Debtor(s)

FILED WITHOUT DEBTORS SIGNATURE

11. Signature(s) of Secured Party(ies)

REGIONS BANK

Rutha Wofford

12. Return Copy To: Name and Address.

REGIONS BANK
P.O. BOX 4897
MONTGOMERY, AL 36103

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RELEASE, ASSIGNMENT, AMENDMENT, TERMINATION.

UCC-3 (REVISED 1/1/1995)

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