STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

04807

Important: Read Instructions on Back Before Filling out Form.

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

☐ 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.	
Return copy or recorded original to	· <u>!</u> -	THIS SPACE FOR USE OF FILING OFFICER	
CEntral State Bank P.O. box 180 Calera, Al. 35040		Date, Time, Number & Filing Office	
			87.8 9.79
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		-3987 3987 PROMTE
Jerry L. Hutto Katherine Hutto			2001 301-:
3698 Hwy. 30 Wilsonville, Al. 35186			# 1 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Social Security/Tax ID #			100 100 100 100 100 100 100 100 100 100
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (Las	st Name First if a Person)	SHELBY COUNTY PROBATE JUDG 4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First # a Person)
P.O. Box 180 Calera, Al. 35040 Social Security/Tax ID # Additional secured parties on attached UCC-E	<u> </u>		
	1006 2521	2	
5. EXA this statement refers to original Financing States Fited withShelby County		Date Filed 10-23-1996	
6. Continuation. The original financing statement by Termination. Secured Party no longer claims at the Secured Party's right under the Party of the Secured Party of	between the foregoing Debtor and Secured Pa security interest under the financing statement he financing statement bearing file number shot all of the property listed on this file, is assign	arty, bearing file number shown above, is still effective, not bearing the file number shown above, is still effective, nown above to the need to the assignee in item 11.	
1984 Mobile Home Sunshin Located on: 3698 Hwy. Wilsonvil	171	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 als	so covered.	Ollahora Malha	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	/
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) Central State Bank	- <u>11-11-</u>
Type Name of Individual or Business 1) FILING OFFICER COPY - ALPHABETICAL (3) FILING (OFFICER CORY - ACKNOWI EDGEMENT	Type Name of Individual or Business	