

☐ 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 to

UNION STATE BANK
P.O. BOX 647
PELL CITY, AL. 35125

Pre-paid Acct. # _____

2. Name and Address of Debtor

(Last Name First if a Person)

BENSON EDMUND R
534 OZLEY RD
ALABASTER, AL. 35007

Social Security/Tax ID# _____

2A. Name and Address of Debtor (IF ANY)

(Last Name First if a Person)

Social Security/Tax ID# _____

☐ Additional debtors on attached UCC-E

3. Name and Address of Secured Party

UNION STATE BANK
2267 PELHAM PARKWAY
PELHAM, AL. 35124

Social Security/Tax ID# _____

☐ Additional secured parties on attached UCC-E

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Officer

Inst # 2001-54343
12/12/2001-54343
08:30 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
1001 WEL

4. Name and Address of Assignee of Secured Party

(IF ANY)

5. ☒ This statement refers to original Financing Statement bearing File No. 1999-12063

Filed with SHELBY COUNTY JUDGE OF PROBATE

Date Filed 03-23- 19 99

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)

67006346

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Barbara Boffa Asst-Clerk

Signature(s) of Secured Party(ies)

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY - SECURED PARTY(S)

(5) FILE COPY - DEBTOR(S)

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-3