		32-04047	
JCC FINANCING STATEMENT AMENDN COLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER [optional] Matthew Wingard (205) 558-4019 ext.2 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Highland Mortgage Company P.O. Box 55465 Birmingham, AL 35255 Attention: Matthew Wingard		Inst # 200 01/23/2002-04047	SHELBY COUNTY JUDGE OF PROBATE 00. CH 25.00
10 INITIAL EINANCING STATEMENT EILE #	THE AE	OVE SPACE IS FOR FILING OFFICE USE OF	
1a. INITIAL FINANCING STATEMENT FILE # 030383 (original filing #) 1996-41	1688 (continuation filin	to be filed [for record] (or recorded)	
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interes	st(s) of the Secured Party authorizing this Termination S	
3. X CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law.	fied above with respect to security interest(s) of the	ne Secured Party authorizing this Continuation Statem	nent is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also gi	ve name of assignor in item 9.	
Also check one of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriate informations of the following three boxes and provide appropriat	nation in items 6 and/or 7. or 6b; also give new DELETE name: Give is change) in item 7c. to be deleted in item 6	a or 6b. L. I Item 7c; also complete items 7d-7	7b, and also o (if applicable
	· · · · · · · · · · · · · · · · · · ·	ngham, AL 35203	TSUFFIX
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PD. HADIA IDONES ENST STANIE			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT	TION 7f. JURISDICTION OF ORGANIZATIO	N 7g. ORGANIZATIONAL ID #, If any	<u> </u>
ORGANIZATION DEBTOR			□ NC
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING The adds collateral or adds the authorizing Debtor, or if this is a Termination at 9a. ORGANIZATION'S NAME		in Assignment). If this is an Amendment authorized by ame of DESTOR authorizing this Amendment.	a Debtor wh
MA			•
State Street Bank and Trust Comp	any, Trustee	<u></u>	•
	any, Trustee	MIDDLE NAME	SUFFIX

Riverchase Gardens (17450) - Judge of Probate, Shelby County

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