

				98/	1by Chts 01/2002	/ Judge of Probate, (08:54:00 FILED/CER	AL TIFIED
	CC FINANCING STATEMENT		: T				
	LLOW INSTRUCTIONS (front and back) CARE	···					
A	NAME & PHONE OF CONTACT AT FILER [00053305047 7-18-02	ptional]					
В.	SEND ACKNOWLEDGMENT TO: (Name and	d Address)	·				
	LexisNexis Document S	Solutions					
	PO Box 2969 Springfield, IL 62708	1	•				
	opinighteru, in oz.700						
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		Cle 302/96	_	THE ABOVE SPA	CE IS FOR	REILING OFFICE USE OF	NLY
_	NITIAL FINANCING STATEMENT FILE # 996-42026	1996-12-2	23		1b. This	s FINANCING STATEMENT A se filed [for record) (or recorded	MENDMENT is
2.	X TERMINATION: effectiveness of the Financing	Statement identified above is to	erminated with respe	ct to security intereset(s) of the S		AL ESTATE RECORDS. Iv authorizing this Termination	Statement
3.		ng Statement identified above v	, <u> </u>	<u>-</u>			
4		·	detector of acciones in	itare Zero and allere allere			. <u>.</u>
5.	ASSIGNMENT (full or partial): Give name of a AMENDMENT (PARTY INFORMATION): This			Party of record. Check only on			.
	Also check one of the following boxes and provide app	ropriate information in items 6	and/or 7.			wo boxes.	
	CHANGE name and/or address: Give current reconame (if name change) in item 7a or 7b and/or nev	rd name in item 6a or 6b; also v address (if address change) ii	give new n item 7c. t	ELETE name: Give record name be deleted in item 6a or 6b.	e Al	DD name: Complete item 7a om 7c; also complete items 7d	r 7b. and also 7g (if applicable).
0.	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · ·					
OR							
OIN	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
7. (CHANGED (NEW) OR ADDED INFORMATION	· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·		·	
	7a. ORGANIZATION'S NAME			<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME				
			T IT COT I TOTAL		MIDDLE	NAME	SUFFIX
7c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d.	TAX ID # SSN OR EIN ADD'NL INFO RE 7e. T	YPE OF ORGANIZATION	76 ILIDISDICTION	LOE OBOANIZATION	- 000		
	ORGANIZATION DEBTOR	TE OF ORGANIZATION	71. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
8.	AMENDMENT (COLLATERAL CHANGE): chec	ck only <u>one</u> box.					NONE
	Describe collateral deleted or added, or give	entirerestated collateral	description, or des	cribe collateral assigned.			
9. 1	NAME OF SECURED PARTY OF RECORD A	UTHORIZING THE AMEN	UDNACNIT /				·
ě	NAME OF SECURED PARTY OF RECORD A adds collateral or adds the authorizing Debtor, or if this	is a Termination authorized by	a Debtor, check here	assignor, if this is an Assignment and enter name of DEB			a Debtor which
	9a. ORGANIZATION'S NAME BANKAMERICA HOUSING SERV	TOPO A DIVIOTO	אני בים או		C 10	/	
1 12	BANKAMERICA HOUSING SERV 9b. INDIVIDUAL'S LAST NAME	TORO H DIATOIC	FIRST NAME	OF AMERICA F	SB C	O GREENPOINT	CREDIT
					ייייטטננויי	vr vitig <u></u>	
	OPTIONAL FILER REFERENCE DATA Shelby County					······································	

FOLLOW INSTRUCTIONS (front ar	TEMENT AMENDME	NT ADDENDUM	
11. INITIAL FINANCING STATEMEN 1996-42026	T FILE # (same as item 1a on Amendm 1996-12-23		
12. NAME OF PARTY AUTHORIZ 12a. ORGANIZATION'S NAME	NG THIS AMENDMENT (same as item s	9 on Amendment form)	
	ING SERVICES A DIVIS	ION OF BANK	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13. Use this space for additional DEBTOR NAME	information:		
DEWEES, DAVID R. 5962 HIGHWAY 25			THE ABOVE SPACE IS FOR FILING OFFICE USE O

MONTEVALLO, AL 35115

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY								
	INITIAL FINANCING ST 96-42026	ATEMENT FILE	# (same as item 1a o 1996-12-		n)			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME								
00	BANKAMERICA	HOUSING	SERVICES A	DIVISION	OF BANK			
OR	12b. INDIVIDUAL'S LA	STNAME	FIRST NAME		MIDDLE NAME, SUFFIX			

13. Use this space for additional information:

DEBTOR NAME

DEWEES, SHELIA A. 5962 HIGHWAY 25 MONTEVALLO, AL 35115

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