

UCC FINANCING	STATEMENTAMENDMEN	T		
FOLLOW INSTRUCTIONS	(front and back) CAREFULLY			
l	ONTACT AT FILER [optional]			
ERIN C HAMMON		······································		
B. SEND ACKNOWLEDGN	MENT TO: (Name and Address)			
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6 }	DANK F/K/A			
HIGHLAND				
4680 HIGHW	M, AL 35242			
DIMMINGIA	IVI, AL JJZTZ			
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATE	EMENT FILE #		1b. This FINANCING STATEMENT A to be filed [for record] (or recorde	
1996-28271			REAL ESTATE RECORDS.	
2. TERMINATION: Effe	ctiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	Secured Party authorizing this Termination	Statement.
	fectiveness of the Financing Statement identified above	e with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ment is
continued for the addition	onal period provided by applicable law.			
4. ASSIGNMENT (full or	partial): Give name of assignee in item 7a or 7b and ac	idress of assignee in item 7c; and also give name of a	assignor in item 9.	
5. AMENDMENT (PARTY	INFORMATION): This Amendment affects Debt	or or Secured Party of record. Check only one	e of these two boxes.	
	ng three boxes <u>and</u> provide appropriate information in ite			
CHANGE name and/or a name (if name change) is	ddress: Give current record name in item 6a or 6b; also n item 7a or 7b and/or new address (if address change) i	give new DELETE name: Give record name n item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a or item 7c; also complete items 7d-	· 7b, and also 7g (if applicable)
6. CURRENT RECORD INFO	ORMATION:			
6a. ORGANIZATION'S NA	ME			
66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR AD	DED INFORMATION:			,
7a. ORGANIZATION'S NA	ME			
OR)				
76. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	DEBTOR			NON
8. AMENDMENT (COLLA)	ERAL CHANGE): check only one box.			
·	ted or added, or give entire restated collateral	description, or describe collateral assigned.		
			D 1 . 0 66 0 0 11	
-	the Survey of Chestnut Forest, as reco	orded in Map Book 22 page 98, in th	ne Probate Office of Shelby	County,
Alabama; being situa	ated in Shelby County, Alabama.			
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	PARTY OF RECORD AUTHORIZING THIS AMEIN Suthorizing Debtor, or if this is a Termination authorized by			a Debtor which
9a. ORGANIZATION'S NA		, a bobior, oneon more and enter manne of DED		
OR 9b. INDIVIDUAL'S LAST N		FIRST NAME	MIDDLE NAME	SUFFIX
POD. IIYUIYIDAL O LAOT N	75°3177E			
			<u> </u>	
10. OPTIONAL FILER REFEREN	ICE DATA			