



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] LexisNexis **Document Solutions** 1029 J Street, Suite 100 Sacramento, CA 95814 890380 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 1994-28604 REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX GOODWIN DONALD 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME **FIRST NAME** MIDDLE NAME SUFFIX COUNTRY 7c. MAILING ADDRESS CITY POSTAL CODE STATE ADD'L INFO RE | 7e. TYPE OF ORGANIZATION ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME BANK OF AMERICA FSB c/o GREENPOINT CREDIT SPHS 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA 00053203956

AL-Shelby County

10-28-02

UC	C FINANCING STATEME	ENTAMENDMENTA	DDENDUM
	OW INSTRUCTIONS (front and back)		
11.	NITIAL FINANCING STATEMENT FILE	# (same as item 1a on Amendment for	n)
19	94-28604		·
12.	NAME OF PARTY AUTHORIZING THE	S AMENDMENT (same as item 9 on A	mendment form)
OR	12a. ORGANIZATION'S NAME		
	SPHS BANK OF AMERICA	FSB c/o GREENPOINT CREDIT	
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
12	lee this space for additional information	rì	

DEBTOR NAME

DONALD R. GOODWIN 57790 HIGHWAY 25 LEEDS, AL 35094 USA

SECURED PARTY

SPHS BANK OF AMERICA FSB c/o GREENPOINT CREDIT 12250 KIRKHAM ROAD POWAY, CA 92064 USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

AL-Shelby County