



OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
BRANDON 205 780-0022				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
WASHINGTON MUTUAL FINANCE 7070 ARONOV DR STE M FAIRFIELD, AL 35064				
	THE ABOVE	SPACE IS FO	R FILING OFFICE U	JSE ONLY
. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names		<u> </u>	
I a. ONGANIZATIONO NAME				
PR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
MILLS	MILDRED			
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3610 HWY 93	HELENA	AL	35080	USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if ar	ny NO
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of 2a. ORGANIZATION'S NAME	lebtor name (2a or 2b) - do not abbreviate or comb	ine names		
PR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
MILLS	EDWARD		LEWIS	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3610 HWY 93	HELENA	AL	35080	USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or	3b)		
3a. ORGANIZATION'S NAME WASHINGTON MUTULAL FINANCE		· · · · · · · · · · · · · · · · · · ·		
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	FAIRFIELD	AL	35064	USA

1983 TIDWELL MOBILE HOME ser #TWIALAS17741 14x 52

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed to		the REAL 7. Check to REC	UEST SEARCH REPOR FEE!	T(S) on Debtor(s) optionall	All Debtors	ebtor 1 Debtor 2
ODTIONAL CHED DEEDENICE DATA						