



LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional)				
SEND ACKNOWLEDGMENT TO: (Name and Address	s)			
Torrightorright Column	o a			
LexisNexis Document Solution	18			
801 Adlai Stevenson Drive				
Springfield, IL 62703				
8978501-1				
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE # 998-01783 Date: 01/20/1998			1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	r recorded) in the
TERMINATION: Effectiveness of the Financing Stateme	ent identified above is	terminated with respect to security interest(s) of		
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ement identified abov			
ASSIGNMENT (full or partial): Give name of assignee in				
AMENDMENT (PARTY INFORMATION): This Amendr			ly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide approper CHANGE name and/or address: Please refer to the detailed ins		DELETE name: Give record name	ADD name: Complete item 7	•
in regards to changing the name/address of a party.		to be deleted in item 6a or 6b.	also complete items 7e-7g (if	•
CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME				
DA ORGANIZATION S NAME				
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
OB. HADIAIDONE O ENOT HAMILE		I INCOT INCINC] 30(1)
			<u> </u>	
CHANGED (NEW) OR ADDED INFORMATION:			<u>.</u>	
7a. ORGANIZATION'S NAME				
Regency Savings Bank FSB				1
76. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		<u> </u>		
MAILING ADDRESS		CITY Oak Park	STATE POSTAL CODE	COUNTR
1 W. Madison		Oak Park	IL 60302	USA
. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF CORGANIZATION	ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, i	fany
DEBTOR		<u></u>		
AMENDMENT (COLLATERAL CHANGE): check only o	ne box			
NAME OF SECURED PARTY OF RECORD AUTHO	rmination authorized t			
adds collateral or adds the authorizing Debtor, or if this is a Ter 9a. ORGANIZATION'S NAME Nationwide Life Insurance Compa	iny			
9a. ORGANIZATION'S NAME	iny	FIRST NAME	MIDDLE NAME	SUFFIX
9a ORGANIZATION'S NAME Nationwide Life Insurance Compa	any	FIRST NAME	MIDDLE NAME	SUFFIX
9a ORGANIZATION'S NAME Nationwide Life Insurance Compa	any	FIRST NAME	MIDDLE NAME	SUFFIX

20040922000522210 Pg 2/2 28.00 Shelby Cnty Judge of Probate, AL 09/22/2004 11:44:00 FILED/CERTIFIED

UC	C FINANCING STATE	MENTAMENDME	NT ADDENDUM		
FOL	LOW INSTRUCTIONS (front and back	k) CAREFULLY			
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amen	dment form)		
19	98-01783 Date: 01/20/	1998			
12.	NAME OF PARTY AUTHORIZING 1	HIS AMENDMENT (same as it	tem 9 on Amendment form)		
	12a. ORGANIZATION'S NAME				
0.0	Nationwide Life Insurance Company				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
13	Use this space for additional informa	tion			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

AL-Shelby County

MISCELLANEOUS INFORMATION Full Assignment of Collateral