200 She 10/	5 8100900039 1by Cnty 3 09/2008 08	08770 1/2 \$34.45 Judge of Probate, A 3:11:06AM FILED/CE	RT
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	MIDDLE	NAME	
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REN		147 (141)	SUFFIX
	OTATE	IDOOTAL CODE	OOUNTEN.
~ ~ ~ ~ ~	STATE	POSTAL CODE	COUNTRY
PRETT ON OF ORGANIZATION	1g. ORG/	35/47 ANIZATIONAL ID #, if any	USA.
			NONE
2b) - do not abbreviate or combi	ne names		
	<u></u>		,
FIRST NAME MI		MIDDLE NAME SUFFIX	
	, , , , , , , , , , , , , , , , , , ,		
	STATE	POSTAL CODE	COUNTRY
4M.	AL	35295	USA.
ON OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	
			NONE
ne secured party name (3a or 3i	b)		
FIRST NAME		MIDDLE NAME	
	STATE	POSTAL CODE	COUNTRY
	AM ON OF ORGANIZATION	2b) - do not abbreviate or combine names MIDDLE STATE AL ON OF ORGANIZATION 2g. ORGA one secured party name (3a or 3b) MIDDLE	MIDDLE NAME STATE POSTAL CODE AL 35295 ON OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any one secured party name (3a or 3b) MIDDLE NAME

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum [if applicable] Addendum [if applicable] ADDITIONAL FEE] [optional] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

9. NAME OF FIRST DEBTOR (1a or 1 9a. ORGANIZATION'S NAME	b) ON RELATED FINANCI	NG STATEMENT		
OR				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
NELSON	DARRE			
10. MISCELLANEOUS:			20081009000398770 Shelby Cnty Judge 10/09/2008 08:11:	2/2 \$34.45
		THE	ABOVE SPACE IS FOR FI	ILING OFFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert o	only <u>one</u> name (11a or 11b) - do not abbreviate or com	nbine names	
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL O	CODE COUNTRY
11d. TAX ID #: S\$N OR EIN ADD'L INFO FOR ORGANIZATION DEBTOR		TION 11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIO	NAL ID #, if any
12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S <u>or</u> ASSIGNOF	R S/P'S NAME - insert only <u>one</u> name (12a or 12l	o)	
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
NELSON	····································	DAREN	STATE POSTAL C	CODE COUNTRY
12c. MAILING ADDRESS 235 ESSEX D		CITY 5TERRETT	AL 35	
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate: DECRIPTION.	J	tracted 16. Additional collateral description:		
BECTOR BRD.				
LOT. 318 -BOOK 22				
p. Page 151				
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):				
		17. Check only if applicable and check on		
		Debtor is a Trust or Trustee act		I in trust or Decedent's Estate
		18. Check <u>only</u> if applicable and check <u>or</u>	ily one box.	
		Debtor is a TRANSMITTING UTILITY		

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years