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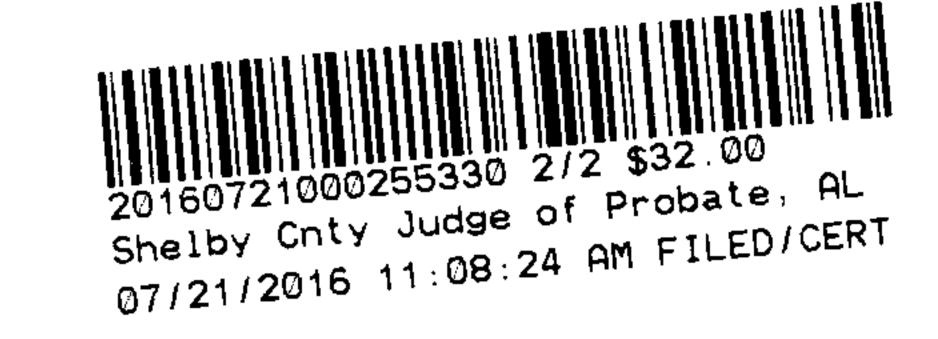
UCC FINANCING STATEMENT

20160721000255330 1/2 \$32.00 Shelby Cnty Judge of Probate, AL
07/21/2016 11:08:24 AM FILED/CERT

FOLLOW INSTRUCTIONS			07/21/20	16 11	:08:24 AM PILLEDIO	- · ·
A. NAME & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Fax: (818) 662-47						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service	@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress) 24449 - CITIMOF	TGAGE,				
CT Lien Solutions P.O. Box 29071	5488279	0				
Glendale, CA 91209-9071	ALAL FIXTUR	E				
File with: Shelby, AL		· · · · · · · · · · · · · · · · · · ·	THE ABOVE SPACE	IS FO	OR FILING OFFICE US	EONLY
1. DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 1b, leave all of item 1 blank, che- 1a. ORGANIZATION'S NAME						
1b. INDIVIDUAL'S SURNAME	FIR	ST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
DESHAZO	A	ALTON		L		
1c. MAILING ADDRESS	СІТ	CITY		TATE	POSTAL CODE	COUNTRY
5111 CAHABA VALLEY ROAD	В	RMINGHAM		٩L	35243	USA
2. DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME						
2b. INDIVIDUAL'S SURNAME	FIF	ST PERSONAL NAME	A	ADDITIONAL NAME(S)/INITIAL(S)		
DESHAZO	F	RANCES		K		
2c. MAILING ADDRESS	CIT	Υ	s	TATE	POSTAL CODE	COUNTRY
5111 CAHABA VALLEY ROAD	В	IRMINGHAM		AL	35243	USA
3. SECURED PARTY'S NAME (or NAME of ASSIG	NEE of ASSIGNOR SECURED	PARTY): Provide only	one Secured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME SMALL BUSINESS ADMINISTRAT	ION					
OR 3b. INDIVIDUAL'S SURNAME	FII	FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CI	ſΥ		STATE	POSTAL CODE	COUNTRY
P.O. BOX 12247		IRMINGHAM		AL	35202	USA
4. COLLATERAL: This financing statement covers the form 1994 SUNSHINE S-409 MOBILE HOME, SOME OR IN PART FROM THE PROCEED LIMITED TO THE FOLLOWING LOCATION: VIRGINIA DESHAZO.	ollowing collateral: SERIAL # ALS33193A/ALS OS OF THIS LOAN, AND/	S33193B, NOW O	WNED, HEREAFTER	R ACQ	UIRED, OR PURCHA I THEREOF. INCLUI	ASED IN DING BUT NO

Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$0.00
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$0.00

5. Check only if applicable and check on	nly one box: Collateral isheld i	n a Trust (see UCC1Ad, item 17 and	Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check <u>only</u> if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transa	action A Debtor is a Transmi	itting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DA 54882790	TA: 81026			111985373	â



UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

DESCRIPTION OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESCRIPTION OF THE STORE I MAKE DESCRIPTION OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE	9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement;	if line 1b was left blank				
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17. MISCELLANEOUS: 54882790-AL-117 24449 - CITIMORTGAGE, INC SMALL BUSINESS ADMINISTRATION File with: Shelby, AL 81026 1119853736			•			
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17. MISCELLANEOUS: 54882790-AL-117 24449 - CITIMORTGAGE, INC SMALL BUSINESS ADMINISTRATION File with: Shelby, AL 81026 1119853736						
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	17. MISCELLANEOUS: 54882790-AL-117 24449 - CITIMORTGAGE, INC	SMALL BUSINESS ADMINISTRATION	File with: She	lby, AL 81026	1119853736	