This FINANCING STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

DEBTOR (LAST NAME FIRST)		1A. SOCIAL SECURITY OR PEDERAL TAX NO.	
MASON, CAROL			1 .
18. MAILING ADDRÉSS P. O. BOX 2893	Stateline, Nevada	_ /	1D. ZIP CODE 894149
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	1F. CITY, STATE		1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURIT	Y OR FEDERAL TAX NO.
26. MAILING ADDRESS	2C. CITY, STATE	1	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE		2G. ZIP CODE
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX	10.
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A, CITY, STATE		4B. ZIP CODE
5. SECURED PARTY		5A. SOCIAL SECURI	Y NO., FEDERAL TAX NO.
NAME BENEFICIAL FINANCE CO. OF TAHOE, WALTEY		OR BANK TRAN	BIT AND A.B.A. NO.
MAILING ADDRESS P. O. BOX 9112			
о т. Ф.	ZIP CODE 95705	51-0	
	ZIP CODE / / I U/		
6. ASSIGNEE OF SECURED PARTY (IF ANY)	\		TY NO., FEDERAL TAX NO. SIT AND A.B.A. NO.
NAME	\ / /	OU BUNK HINN	THE RIVER HOLD
MAILING ADDRESS	\ / /		
CITY (POST OFFICE) STATE	ZIP CODE		*i,
This FINANCING STATEMENT covers the following types or items of			f
Real Property located at STREET ADDRESS CITY	\ \	Maximum amount of indek	•
	as Lot plu	\$ 5000 is charges thereon as au lifornia Personal Property	thorized by the
of Official Records ofCou	inty of page		
If A collateral are B collateral are C original	s of above described collateral in which y interest was perfected	Collateral was brought to security interest in an	• • • •
9.		10. This Space for Use of (Date, Time, File N	Filing Officer Imber and Filing Officer)
DEBTORS (Date) (Date)	1920 P	5008	<i>tu</i>
	2		
SECURED PARTY	3		
BENEFICIAL FINANCE CO. OF TAHOE VALLEY By: 5		Recorded at	Request of
MANAGER	<u> </u>	That I	,1970
			·
11. Return Copy to /		1. 44 Min	. Past 10 AM
_	7	At7Official R	ecords of
BENEFICIAL FINANCE CO. OF TAHOE VALLEY		Official K	ecords of
ADDRESS P. O. BOX 9112	8	Douglas Cou	
CITY, STATE So. Lake Tahoe, Calif m 95705		Ethol N. Sch	chy Recorder
AND ZIP		p., / [//////////////////////////////////	MILAURI
		By	1111
L	<u> </u>	Fee &	LU. J. JU
7) FILING OFFICER COPY			// \
	AL CODE-FORM UCC-1		50084
Approved by the Secretary of State		BOOK	81 PAGE 18