

IMPORTANT-Read instructions on back before filling out form STATE OF NEVADA

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

1. DEBTOR (LAST NAME FIRST) Cooper Homer		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3036	
1B. MAILING ADDRESS Route 2 Box 970		1C. CITY, STATE Gardnerville, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Audree		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	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 NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY NAME AVCO THRIFT MAILING ADDRESS P.O.Box 10010 CITY So.Lake Tahoe STATE CA ZIP CODE 95731		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

7. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be grown and name of record owner of such real estate, if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted.

If checked at left, all household goods, furniture, appliances, and consumer goods of every kind and description owned at the time of the loan secured hereby, or at the time of any refinance or renewal thereof, or cash advanced under the loan agreement secured hereby, and located about the premises at the Debtor's residence (unless otherwise stated) or at any other location to which the goods may be moved.

Other (Describe):

7A. _____ RECORD OWNER OF REAL PROPERTY
7B. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

B. Check <input checked="" type="checkbox"/> If Applicable	A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" type="checkbox"/> Products of collateral are also covered	C <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. _____ (Date) 2/19 1981

10. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer)

04656

By: [Signature] (SIGNATURE(S) OF DEBTOR(S))
Homer Cooper

By: [Signature] (SIGNATURE(S) OF SECURED PARTY (IES))
Audree Cooper

By: [Signature] (TITLE)
MGR

11. **Return Copy to**

NAME AVCO FINANCIAL SERVICES
ADDRESS PO BOX 10010
CITY, STATE AND ZIP So Lake Tahoe, CA 95731

REQUESTED BY
Avco Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
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MARIE A. RABEL
RECORDER
Cassell & Hart
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281 PAGE 1674
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