

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

1. DEBTOR (LAST NAME FIRST) <b>ORTMAYER, ROGER E.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-0028	
1B. MAILING ADDRESS <b>P.O. BOX 11891</b>		1C. CITY, STATE <b>ZEPHYR COVE NV</b>	1D. ZIP CODE <b>89448</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <b>628 Riven Rock</b>		1F. CITY, STATE <b>Zephyr Cove NV</b>	1G. ZIP CODE <b>89448</b>
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>ORTMAYER, SONYA E.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1596	
2B. MAILING ADDRESS <b>P.O. BOX 11891</b>		2C. CITY, STATE <b>ZEPHYR COVE NV</b>	2D. ZIP CODE <b>89448</b>
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) <b>same as 1E</b>		2F. CITY, STATE <b>same as 1F</b>	2G. ZIP CODE <b>89448</b>
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) <b>n/a</b>		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) <b>n/a</b>		4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY NAME <b>HOUSEHOLD FINANCE CORPORATION</b> MAILING ADDRESS <b>P.O. BOX 4370</b> CITY <b>SOUTH LK. TAHOE</b> STATE <b>CA</b> ZIP CODE <b>95729</b>		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.)

**ALL HOUSEHOLD AND CONSUMER GOODS**

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

8. Check <input checked="" type="checkbox"/> if Applicable	A <input type="checkbox"/> Proceeds of collateral are also covered	B <input 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) 12/17 1981

By: ROGER E. ORTMAYER      SONYA E. ORTMAYER  
SIGNATURE(S) OF DEBTOR(S)      (TITLE)

By: J.K. THOMPSON  
SIGNATURE(S) OF SECURED PARTY (IES)      (TITLE)

10. This Space for Use of Filing Officer  
 (Date, Time, File Number and Filing Officer) **05045**

REQUESTED BY  
[Signature]  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO. NEVADA  
 1981 DEC 21 PM 12:29  
 SUZANNE BEAUDREAU  
 RECORDER  
[Signature]  
 ship.

11. **Return Copy to**

NAME **H.F.C.**  
 ADDRESS **PO BOX 4370**  
 CITY, STATE AND ZIP **SOUTH LK. TAHOE, CA 95729**

THIS SPACE FOR USE OF FILING OFFICER

**63390**  
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