

**STATE OF NEVADA**  
**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1**  
**IMPORTANT—Read instructions on back before filling out form**

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

1. DEBTOR (LAST NAME FIRST) JONES, ELWOOD F		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS RT 3 BOX 141		1C. CITY, STATE GARDNERVILLE, NV 89410	1D. ZIP CODE
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) SAME		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) JONES, DELORIS		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS SAME		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME		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 DIAL FINANCE CO OF NEVADA MAILING ADDRESS PO BOX 2549 CITY CARSON CITY STATE NV ZIP CODE 89702		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, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS **FINANCING STATEMENT**:

- (a) All of debtors' household goods and furniture of every kind, nature and description now located in or about debtors' premises at their address set forth above.  
 (b) The following property located in or about debtors' premises at their address set forth above:

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)

\$ \_\_\_\_\_

8. Check  If Applicable

<input type="checkbox"/> A Proceeds of collateral are also covered	<input type="checkbox"/> B Products of collateral are also covered	<input type="checkbox"/> C Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> D Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) JUNE 18 19 82

ELWOOD F. & DELORIS JONES

By Elwood F. Jones (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

Deloris Jones

By D. ELIAS, CSR (SIGNATURE(S) OF SECURED PARTY (IES)) (TITLE)

Denise Eliair

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

**05263**

11. **Return Copy to**

NAME ADDRESS CITY, STATE AND ZIP  
 DIAL FINANCE CO OF NEVADA  
 PO BOX 2549  
 CARSON CITY, NV 89702

REQUESTED BY  
Dial Finance Co.  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO. NEVADA  
 # 4.00 pd.  
 1982 JUN 23 PM 12:06

SUZANNE BEAUDREAU  
 RECORDER  
Betty Henderson  
 Dy.

THIS SPACE FOR USE OF FILING OFFICER