

142  
**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) HATFIELD, ROSS		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS 825 WHITNEY WAY		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) HATFIELD, SUSAN		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 PØ BØX 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)  
\$ \_\_\_\_\_

D. 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) 11 / 22 19 82

ROSS & SUSAN HATFIELD

By: Ross Hatfield Susan Hatfield  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Denise Elias, CSR  
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

11. **Return Copy to**  
NAME  DIAL FINANCE CO OF NEVADA  
ADDRESS PØ BØX 2549  
CITY, STATE CARSON CITY, NV 89702  
AND ZIP

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

05378

REQUESTED BY  
Dial Finance Co of Nev  
IN OFFICIAL RECORDS OF  
BOUGLAS CO. NEVADA  
#4.00 pd  
1982 NOV 29 AM 11:53

SUZANNE BEAUDREAU  
RECORDER

Betty Headon Dep  
STANDARD FORM—FILING FEE \$2.00

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LIBER 1182 PAGE 1290  
Approved by the Secretary of State

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