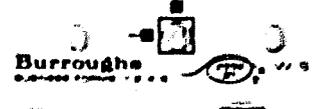


UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1
IMPORTANT-Read instructions on back before filling out form



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

| | | |
|-------------------------------------------------------------------------------|--|-------------------------------------------------------|
| 1. DEBTOR (LAST NAME FIRST) WING ZANE D. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. 1935 |
| 1B. MAILING ADDRESS 920 Loyola Street | | 1C. CITY, STATE Carson City, NV |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) Same | | 1D. ZIP CODE 89701 |
| | | 1F. CITY, STATE |
| | | 1G. ZIP CODE |

| | | |
|-------------------------------------------------------------------------------|--|-------------------------------------------------------|
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) WING LEOTA D. | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. 8471 |
| 2B. MAILING ADDRESS Same | | 2C. CITY, STATE |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) Same | | 2D. ZIP CODE |
| | | 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 First Federal Savings and Loan Association of Nevada | | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. |
| MAILING ADDRESS P.O. Box 600 | | |
| CITY Carson City | STATE NV | ZIP CODE 89701 |

| | | |
|---------------------------------------|-------|-------------------------------------------------------------------------|
| 6. ASSIGNEE OF SECURED PARTY (IF ANY) | | 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. |
| NAME | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP CODE |

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.

**1979 Royal Embassy Mobile Home
 Serial #GDWCA36794076AB**

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 7A. _____ SIGNATURE OF RECORD OWNER | 7C. S _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL) |
| 7B. _____ [TYPE] RECORD OWNER OF REAL PROPERTY | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 8. Check if Applicable <input checked="" type="checkbox"/> 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 | C <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

9. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) **March 28** 19 **83**

BY: *Zane D. Wing* **ZANE D. WING**
 BY: *Leota D. Wing* **LEOTA D. WING**
 BY: *[Signature]* **S. THORP, SATELLITE BRANCH MANAGER(S)**

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

05160

REQUESTED BY
1st Federal Savings & Loan
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
\$4.00 pd.
1983 APR -1 AM 11:17
SUZANNE BEAUDREAU
 RECORDER
Carol J. [Signature] **078429**
 BOOK **483** PAGE **062**

11. Return Copy To

| | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| NAME ADDRESS CITY, STATE AND ZIP | First Federal Savings and Loan P.O. Box 600 Carson City, NV 89702 ATTN: Consumer Loans |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

THIS SPACE FOR USE OF FILING OFFICER