

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) Bagne; Aldus M.		1A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-7002	
1B. MAILING ADDRESS D.O. Box 168		1C. CITY, STATE Genoa NV 89411	1D. ZIP CODE
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 2388 Margery Lane		1F. CITY, STATE Genoa NV 89411	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Bagne; Elenor L.		2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-1111	
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 Household Finance Corp MAILING ADDRESS P.O. BOX 1982 CITY Carson City STATE NV ZIP CODE 89701		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 if Applicable

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) May 19th, 1983

X Aldus M. Bagne
Aldus Bagne

By: _____ (TITLE)

X Elenor L. Bagne
Elenor Bagne

By: C. [Signature]
C. [Signature] (TITLE) BRANCH MANAGER

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

05533

REQUESTED BY:
Household Finance Corp.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$4.00 fee
1983 MAY 24 AM 11:15

SUZANNE BEAUDREAU
RECORDER

[Signature]
Dep

080823
BOOK 583 PAGE 3179
FILING FEES
SEE INSTRUCTIONS

11. Return Copy to

NAME HFC PO BOX 1952
ADDRESS CARSON CITY NV 89701
CITY, STATE AND ZIP

THIS SPACE FOR USE OF FILING OFFICER