

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

1. DEBTOR (LAST NAME FIRST - IF AN INDIVIDUAL) NEWMAN, JAMES		1A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 8477	
1B. MAILING ADDRESS 616 Forest Drive		1C. CITY, STATE Sebastopol, California	1D. ZIP CODE 95472
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST - IF AN INDIVIDUAL) NEWMAN, Rose Marie		2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 8940	
2B. MAILING ADDRESS 616 Forest Drive		2C. CITY, STATE Sebastopol, California	2D. ZIP CODE 95472
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY) -----		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY WILSON, Victor L. and Betty Jean		4A. SOCIAL SECURITY NO., FEDERAL TAX NO OR BANK TRANSIT AND A B A NO [REDACTED] 2381 [REDACTED] 3377	
NAME WILSON, Victor L. and Betty Jean		ZIP CODE 89410	
MAILING ADDRESS Rt Box 1831			
CITY Gardnerville, Nevada		STATE	
5. ASSIGNEE OF SECURED PARTY (IF ANY)		5A. SOCIAL SECURITY NO., FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	
NAME			
MAILING ADDRESS			
CITY		STATE	
		ZIP CODE	

6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).

1978 SIGNATURE MOBILE HOME
I.D. NO. ABOD 3SC438CA

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. PRODUCTS OF COLLATERAL ARE ALSO COVERED <input type="checkbox"/>	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5(A) ITEM <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
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8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC § 9105 (1) (N) <input type="checkbox"/>
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9. SIGNATURE(S) OF DEBTOR(S) <i>James Newman</i> <i>Rose Marie Newman</i>	DATE	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) 05709
JAMES NEWMAN AND ROSE MARIE NEWMAN		
SIGNATURE(S) OF SECURED PARTY(IES) <i>Victor L. Wilson</i> <i>Betty Jean Wilson</i>		
VICTOR L. WILSON AND BETTY JEAN WILSON		
TYPE OR PRINT NAME(S) OF SECURED PARTY(IES) <i>attorney in fact for</i> Betty Jean Wilson		

11. Return copy to

NAME	VICTOR L. Wilson
ADDRESS	Rt 2 Box 1831
CITY	Gardnerville, Nevada 89410
STATE	
ZIP CODE	

REQUESTED BY
LAWYERS TITLE INS. CORP

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$ 6.00 pd.

1984 MAR 12 AM 9:32

SUZANNE BEAUDREAU
RECORDER

Suzanne Beaudreau

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