

**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) <b>LINTON, RUTHANNE</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>-7279</b>	
1B. MAILING ADDRESS <b>P.O. BOX 185</b>		1C. CITY, STATE <b>CARSON CITY, NV</b>	1D. ZIP CODE <b>89702</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <b>1350 KIM PLACE</b>		1F. CITY, STATE <b>MINDEN, NV</b>	1G. ZIP CODE <b>89423</b>
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>NONE</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		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 <b>NEVADA STATE EMPLOYEES FEDERAL CREDIT UNION</b> MAILING ADDRESS <b>P.O. BOX 2128</b> CITY <b>CARSON CITY</b> STATE <b>NV</b> ZIP CODE <b>89702</b>		5A. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A.B.A. NO. <b>89-0063808</b>
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.

1979  
 CHEVROLET OMC 185 H.P. SERIAL #W666825

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	

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

10. (Date) MARCH 13 19 84

By: Ruthanne Linton 3/15/84  
 SIGNATURE(S) OF DEBTOR(S) RUTHANNE LINTON (TITLE)

By: Denise Elias LOAN DISB CLERK  
 SIGNATURE(S) OF SECURED PARTY (IES) DENISE ELIAS (TITLE)

11. Return Copy to

NAME	N.S.E.F.C.U.
ADDRESS	P.O. BOX 2128
CITY, STATE AND ZIP	CARSON CITY, NV 89702

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

**05715.**

REQUESTED BY  
N.S.E.F. Credit Union  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO. NEVADA  
 \$5.00 pd  
 1984 MAR 19 PM 12:08

SUZANNE BEAUBREAU  
 RECORDER  
Betty Blanton 098380  
 Dep BOOK 384 PAGE 1697

THIS SPACE FOR USE OF FILING OFFICER