

**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) Murillo, Fe G.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9882	
1B. MAILING ADDRESS P. O. Box 6233		1C. CITY, STATE Stateline, Nevada	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 134 Kahle Dr.		1F. CITY, STATE Stateline, Nevada	
1D. ZIP CODE 89449		1G. ZIP CODE 89449	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) None		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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 Norwest Financial Nevada, Inc. MAILING ADDRESS P. O. Box 2549 CITY Carson City STATE Nevada 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)

\$ \_\_\_\_\_

8. Check  if Applicable

<input type="checkbox"/> A Proceeds of collateral are also covered	<input type="checkbox"/> B Products of collateral are also covered	<input type="checkbox"/> C Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> D Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) August 2, 19 84

By: Fe G. Murillo  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Phyllis Langlois, CSR  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

**05853**

REQUESTED BY  
*Phyllis Langlois*  
 IN OFFICIAL RECORDS OF  
 CLERK'S OFFICE, NEVADA

'84 AUG 10 A10:26

SUZANNE BLAUDREAU  
 RECORDER **104881**

\$5.00 PAID *LL* DEPUTY

BOOK **884** PAGE **974**

11. **Return Copy to**

NAME	Norwest Financial
ADDRESS	P. O. Box 2549
CITY, STATE AND ZIP	Carson City, NV 89702

THIS SPACE FOR USE OF FILING OFFICER