

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) Bridges Jimmy M.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1100
1B. MAILING ADDRESS P.O. Box 1516		1C. CITY, STATE Gardnerville NV
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1D. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Bridges Vella M.		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2D. ZIP CODE
3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		2F. CITY, STATE
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)		2G. ZIP CODE
4A. CITY, STATE		3A. FEDERAL TAX NO.
4B. ZIP CODE		5. SECURED PARTY
NAME Norwest Financial Nevada, Inc.		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS P.O. Box 2549		
CITY Carson City STATE NV ZIP CODE 89702		
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, 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:

1967 Imperial Mobile Home 52x12 Serial #S3468

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)
 \$ _____

8. Check If Applicable

<input checked="" 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 7 1989**

By: Jimmy M. Bridges Vella M. Bridges
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Norwest Financial Nevada, Inc.
 By: Dereck C. Bowlen, Asst Mgr Dereck C. Bowlen
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

06921

REQUESTED BY
Norwest Financial
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'89 AUG 11 P2:30

SUZANNE BEAUDREAU
 RECORDER **208599**

\$ 11.00 PAID K12 DEPUTY

STANDARD FILING FEE \$2.00
 BOOK **889** PAGE **1846**

11. **Return Copy to**

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

(1) Filing Officer Copy - Numerical

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Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER