

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

M45902JC

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) ROBERT I. DANIELS		1A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 5822	
1B. MAILING ADDRESS P.O. Box 662		1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS 1380 Queens Ct.		1F. CITY, STATE GARDNERVILLE, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) RUTH K. DANIELS		2A. SOCIAL SECURITY OR FEDERAL TAX NO 479-09-4071	
2B. MAILING ADDRESS P.O. Box 662		2C. CITY, STATE GARDNERVILLE, NV	2D. ZIP CODE 89410
2E. RESIDENCE ADDRESS 1380 Queens Ct.		2F. CITY, STATE GARDNERVILLE, NV	2G. ZIP CODE 89410

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME SUN COUNTRY FEDERAL CREDIT UNION MAILING ADDRESS 13739 Camino Del Sol CITY Sun City West STATE AZ ZIP CODE 85375		4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO

6. 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 growing 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 Golden West mobile home, 64x24 Serial No. GW4062AB

6A. _____ SIGNATURE OF RECORD OWNER

6B. **ROBERT I. & RUTH K. DANIELS**
(TYPE) RECORD OWNER OF REAL PROPERTY

6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check 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 (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
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8. Check if Applicable DEBTOR IS A TRANSMITTING UTILITY IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

9. (Date) **October 13 19 89**

By: *Ruth K. Daniels* *Robert I. Daniels*
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Ruth K. Daniels **Robert I. Daniels**
TYPE NAME(S)

By: *Faye M. Davis, Jr. Supervisor*
SIGNATURE(S) OF SECURED PARTY(S) (TITLE)

Sun Country Federal Credit Union
TYPE NAME(S)

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

06982

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 DEC 14 P12:46

SUZANNE BEAUDREAU
RECORDER **216460**

PAID DEPUTY

BOOK **1289** PAGE **1434** FILING FEE SEE INSTRUCTIONS

10. Return Copy to

NAME **Sun Country Federal Credit Union**
ADDRESS **13739 Camino Del Sol**
CITY, STATE AND ZIP **Sun City West, AZ 85375**

THIS SPACE FOR USE OF FILING OFFICER