

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1
IMPORTANT - Read instructions on back before filling out form.

10401

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

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WILLIAM F. JONES		1A. SOCIAL SECURITY OR FEDERAL TAX NO ██████████-2645
1B. MAILING ADDRESS 2526 EAST VALLEY ROAD	1C. CITY, STATE MINDEN, NEVADA	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS 2526 EAST VALLEY ROAD	1F. CITY, STATE MINDEN, NEVADA	1G. ZIP CODE 89423
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) LORETTA L. JONES		2A. SOCIAL SECURITY OR FEDERAL TAX NO ██████████-2040
2B. MAILING ADDRESS 2526 EAST VALLEY ROAD	2C. CITY, STATE MINDEN, NEVADA	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS 2526 EAST VALLEY ROAD	2F. CITY, STATE MINDEN, NEVADA	2G. ZIP CODE 89423
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET		
4. SECURED PARTY NAME NEVADA COMMUNITY FEDERAL CREDIT UNION MAILING ADDRESS P.O. BOX 2128 CITY CARSON CITY STATE NV ZIP CODE 89702		4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO 88-0063808
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).

1990 S&S CAB OVER CAMPER, MODEL 8.5 SC CAMPER, #8.5-3639, STOCK #2843

6A. William F Jones
SIGNATURE OF RECORD OWNER

6B. Loretta L Jones
TYPE RECORD OWNER OF REAL PROPERTY

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

7. 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 (Debtor's Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's 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) 7/6 1990

By William F Jones (SIGNATURE(S) OF DEBTOR(S))
WILLIAM F. JONES (TYPE NAME(S))

By Loretta L Jones (SIGNATURE(S) OF DEBTOR(S))
LORETTA L. JONES (TYPE NAME(S))

By: _____ (SIGNATURE(S) OF SECURED PARTY(IES))
W. DEAN ALTUS, JR. LENDING/COLLECTION SUPERVISOR (TYPE NAME(S))

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

07112

REQUESTED BY
Nevada Community FCU
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

10. Return Copy to

NEVADA COMMUNITY FEDERAL CREDIT UNION

NAME P.O. BOX 2128
ADDRESS
CITY, STATE CARSON CITY, NV 89702
AND ZIP

90 JUL 13 AM 10:10

SUZANNE DEARDREAU
RECORDER **230116**

\$ 11.00 PAID K12 DEPUTY
BOOK **790** PAGE **1656**

THIS SPACE FOR USE OF FILING OFFICER