

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

93010541GG

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Higgins, Timothy H.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] -4729	
1B. MAILING ADDRESS 3800 Topaz Ranch Drive		1C. CITY, STATE Wellington, NV 89444	
1E. RESIDENCE ADDRESS SAME AS ABOVE		1F. CITY, STATE	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Higgins, Paula D.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3343	
2B. MAILING ADDRESS SAME AS ABOVE		2C. CITY, STATE	
2E. RESIDENCE ADDRESS SAME AS ABOVE		2F. CITY, STATE	

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME Elzada Malinak and Diane Turner MAILING ADDRESS Rt. 1, Box 209 CITY Finger STATE Tennessee ZIP CODE 38334		4A. SOCIAL SECURITY NO / FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME n/a 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).

1972 52 x 20 Newport Mobile Home, Serial No. 3710

This document is being signed in counterpart, but shall be construed as one and the same.

6A. _____ SIGNATURE OF RECORD OWNER	6C. \$ 17,000.00 MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B. Elzada Malinak Diane Turner (TYPE) RECORD OWNER OF REAL PROPERTY	

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 (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) April 27 1993

By: Timothy H. Higgins (SIGNATURE(S) OF DEBTOR(S))
 Paula D. Higgins (TITLE)

By: Elzada Malinak (SIGNATURE(S) OF SECURED PARTY(IES))
 Diane Turner (TITLE)

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

10. Return Copy to

NAME Elzada Malinak
 ADDRESS Rt. 1, Box 209
 CITY, STATE AND ZIP Finger, TN 38334

07562

306167
BK0593PG0191

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1E. RESIDENCE ADDRESS SAME AS ABOVE		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Higgins, Paula D.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 3343	
2B. MAILING ADDRESS SAME AS ABOVE		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS SAME AS ABOVE		2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME Elzada Malinak and Diane Turner MAILING ADDRESS Rt. 1, Box 209 CITY Fingar STATE Tennessee ZIP CODE 38334			4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME n/a MAILING ADDRESS CITY STATE ZIP CODE			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

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1972 52 x 20 Newport Mobile Home, Serial No. 3710.

This document is being signed in counterpart, but shall be construed as one and the same.

6A. Elzada Malinak / Diane Turner SIGNATURE OF RECORD OWNER
 6B. Elzada Malinak Diane Turner (TYPE) RECORD OWNER OF REAL PROPERTY
 6C. \$17,000.00 MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

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

DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

9. (Date) April 27, 19 93

By: _____ (TITLE)

By: Elzada Malinak / Diane Turner (TITLE)
 Elzada Malinak Diane Turner (TYPE) NAME(S)

10. Return Copy to
 NAME Elzada Malinak, Rt. 1, Box 209, Tennessee 38334
 ADDRESS

REQUESTED BY
 STEWART TITLE OF DOUGLAS COUNTY
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA
 93 MAY -3 P3:34
 SUZANNE BEAUDREAU
 RECORDER
 \$12.00 PAID KL DEPUTY
 306167
 BK0593PG0192

THIS SPACE FOR USE OF FILING OFFICER