

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

|   |  |   |                               |
|---|--|---|-------------------------------|
| 1. DEBTOR (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>BROWN, RICHARD MACK</b>                    |  | 1A. SOCIAL SECURITY OR FEDERAL TAX NO.<br>[REDACTED] 6238 |                               |
| 1B. MAILING ADDRESS<br><b>P.O. BOX 351</b>  |  | 1C. CITY, STATE<br><b>ZEPHYR COVE, NV</b>                 | 1D. ZIP CODE<br><b>89448</b>  |
| 1E. RESIDENCE ADDRESS   |  | 1F. CITY, STATE   | 1G. ZIP CODE                  |
| 2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>BROWN, PATRICIA M.</b> |  | 2A. SOCIAL SECURITY OR FEDERAL TAX NO.<br>[REDACTED] 1927 |                               |
| 2B. MAILING ADDRESS<br><b>SEE 1b ABOVE</b>  |  | 2C. CITY, STATE<br><b>SEE 1c ABOVE</b>                    | 2D. ZIP CODE<br><b>SEE 1d</b> |
| 2E. RESIDENCE ADDRESS   |  | 2F. CITY, STATE   | 2G. ZIP CODE                  |

3.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

|  |  |   |
|--|--|---|
| 4. SECURED PARTY<br>NAME <b>NEVADA BANKING COMPANY</b><br>MAILING ADDRESS <b>P.O. BOX 5700</b><br>CITY <b>STATELINE,</b> STATE <b>NV</b> ZIP CODE <b>89449</b> |  | 4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A. NO.<br><b>88-0170659</b> |
| 5. ASSIGNEE OF SECURED PARTY (IF ANY)<br>NAME<br>MAILING ADDRESS<br>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).

**1981 FLEETWOOD SPRING HILL 60'x24' MOBILE HOME, SERIAL NUMBER CAFL2ABBB511703059; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds).**

6A. *Richard Mack Brown, Patricia M Brown*  
 SIGNATURE OF RECORD OWNER

6B. \_\_\_\_\_  
 (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 checked="" type="checkbox"/> Proceeds of collateral are also covered                               | B <input checked="" 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) |
| 8. Check <input checked="" type="checkbox"/> if Applicable | <input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403 |   |  |   |

9. (Date) **JULY 30**, 19**93**

By: *Richard Mack Brown* (TITLE) **BROWN, RICHARD MACK** (TITLE)  
*Patricia M Brown* (TITLE) **BROWN, PATRICIA M** (TITLE)

By: *Ursula Prebezac* (TITLE) **NEVADA BANKING COMPANY** (TITLE)  
**URSULA PREBEZAC, VICE PRESIDENT/BRANCH MANAGER** (TITLE)

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

**07614**

REQUESTED BY  
*Nevada Bank Co.*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

**93 AUG -2 P12:24**

SUZANNE BEAUDREAU  
 RECORDER

11<sup>00</sup> PAID BH DEPUTY

10. Return Copy to

|                     |                        |
|---------------------|------------------------|
| NAME                | NEVADA BANKING COMPANY |
| ADDRESS             | P.O. BOX 5700          |
| CITY, STATE AND ZIP | STATELEINE, NV 89449   |

THIS SPACE FOR USE OF FILING OFFICER