

UCC-1 DSS (NV) 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) SILVER, HERBERT J.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 1240	
1B. MAILING ADDRESS PO BOX 961		1C. CITY, STATE GARDNERVILLE NEVADA	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1380 WATERLOO DR		1F. CITY, STATE GARDNERVILLE NEVADA	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) SILVER, INEZ M		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 0952	
2B. MAILING ADDRESS SAME		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME		2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY NAME NORWEST FINANCIAL NEVADA, INC. MAILING ADDRESS 3861 SO CARSON ST CITY CARSON CITY STATE NEVADA ZIP CODE 89701		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

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 the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule.
- (b) The following property located in or about debtors' premises at their address set forth above:

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

8. Check If Applicable

A <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) **DEC 3, 19 93**

HERBERT J. SILVER INEZ M. SILVER
 By: *Herbert J. Silver* *Inez M. Silver*
SIGNATURE(S) OF DEBTOR(S) (TITLE)
NORWEST FINANCIAL NEVADA, INC.
 By: *[Signature]* *[Signature]*
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07712
 REQUESTED BY
Norwest Financial
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA
94 JUN 31 P2:35
 SUZANNE BLAUDREAU
 RECORDER
1/6 PAID *kg* DEPUTY

11. Return Copy to
 NAME ADDRESS CITY, STATE AND ZIP
NORWEST FINANCIAL 3861 SO CARSON ST CARSON CITY NV 89701

(1) Filing Officer Copy - Numerical **328971**
BK 0194 PG 6079
 Approved by the Secretary of State
 STANDARD FORM—FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER