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REORDER FROM  
Register, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANGOLA, MN. 55303  
(612) 421-1713

# STATE OF NEVADA

## UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

**IMPORTANT:** Read instructions on back before filling out form.

Receipt No. \_\_\_\_\_

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. DEBTOR (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)<br><b>LIPPINCOTT, DOUG H.</b>                     |  | 1A. SOCIAL SECURITY OR FEDERAL TAX NO.<br><b>██████████-5959</b> |                              |
| 1B. MAILING ADDRESS<br><b>2900 395 SOUTH NORTH</b>  |  | 1C. CITY, STATE<br><b>Minden NV</b>                              | 1D. ZIP CODE<br><b>89423</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)<br><b>LIPPINCOTT, PAUL A.</b> |  | 2A. SOCIAL SECURITY OR FEDERAL TAX NO.<br><b>530-94-8366</b>     |                              |
| 2B. MAILING ADDRESS<br><b>2900 395 SOUTH NORTH</b>  |  | 2C. CITY, STATE<br><b>Minden NV</b>                              | 2D. ZIP CODE<br><b>89423</b> |
| 2E. RESIDENCE ADDRESS   |  | 2F. CITY, STATE  | 2G. ZIP CODE                 |

3.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

|  |  |  |
|--|--|--|
| 4. SECURED PARTY<br><del>CHAMPIONS REAL ESTATE &amp; INT</del><br>NAME<br><b>P.O. BOX 387</b><br>MAILING ADDRESS<br><b>SILVER SPRINGS NV</b><br>CITY STATE ZIP CODE<br><b>89429</b>                                  |  | 4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO |
| 5. ASSIGNEE OF SECURED PARTY (IF ANY)<br><del>GREEN TREE FINANCIAL CORP.</del><br>NAME<br><b>9310 TECH CENTER DRIVE, SUITE 200</b><br>MAILING ADDRESS<br><b>SACRAMENTO CA</b><br>CITY STATE ZIP CODE<br><b>95826</b> |  | 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).

**1994 SKYLINE CORPORATION 26 X 66 WOODBORO SERIAL# 34700507GAB**  
**AND INCLUDING ALL FURNITURE, FIXTURES, APPURTENANCES THEREIN AND THERE TO; INCLUDING BUT NOT LIMITED TO THOSE ITEMS SPECIFIED ON THE MANUFACTURERS INVOICE AND/OR PURCHASE AGREEMENT AND/OR INSTALLMENT CONTRACT OR INSTALLMENT LOAN AGREEMENT.**  
**"THIS FINANCING STATEMENT DOES NOT APPLY TO NONPURCHASE MONEY HOUSEHOLD GOODS AS DEFINED AT 16 CFR 444.(1) OR THE STATE LAW EQUIVALENT STATUTE."**  
**This is to be filed as a fixture filing in the real estate records of Douglas County.**

6A. \_\_\_\_\_ SIGNATURE OF RECORD OWNER  
 6B. \_\_\_\_\_ (TYPE) RECORD OWNER OF REAL PROPERTY  
 6C. \_\_\_\_\_  
 6D. \_\_\_\_\_ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

|   |   |   |  |   |
|---|---|---|--|---|
| 7. Check if Applicable<br><input checked="" type="checkbox"/> | 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) |
|---|---|---|--|---|

8. Check if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) March 1 1994  
 \_\_\_\_\_ DOUG H. LIPPINCOTT (DEBTOR(S))  
 \_\_\_\_\_ PAUL A. LIPPINCOTT  
 \_\_\_\_\_  
 \_\_\_\_\_ DONNA CHAPMAN (TITLE) \_\_\_\_\_ OFFICE MGR  
 \_\_\_\_\_  
 \_\_\_\_\_ (TITLE)  
 \_\_\_\_\_ (TYPE NAME(S))

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

07734

REQUESTED BY  
**Green Tree Financial**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS COUNTY NEVADA

'94 MAR 22 AIO :53

332930

SUZANNE DE AUDREAU  
 16 DEPUTY  
 WHITE - Alphabetical, PINK - Acknowledged, GR - Secured Party, BLUE - Debtor.

10. Return Copy to:  
**GREEN TREE FINANCIAL CORP.**  
 NAME  
 ADDRESS  
 CITY, STATE AND ZIP  
**9310 TECH CENTER DRIVE, SUITE 200 SACRAMENTO CA 95826**  
 Trust Account Number (If Applicable)

THIS SPACE FOR USE OF FILING OFFICER

BK0394PG4025