

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.

DO-940743-70

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) The Albert Bovenzi and Sandra Bovenzi Living Trust Sandra Bovenzi, Trustee		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-7430	
1B. MAILING ADDRESS P.O. Box 7321		1C. CITY, STATE Incline Village NV	
1E. RESIDENCE ADDRESS 844 Northwood Blvd. #12		1F. CITY, STATE Incline Village NV	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS		2F. CITY, STATE	

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME: Comstock Bank MAILING ADDRESS: 5450 Riggins Court #2 CITY: Reno STATE: NV ZIP CODE: 89450		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO. 87-0351422	
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).

All appliances (refrigerators, washers, dryers, stoves, dishwashers, hot water heaters, furnaces, and air conditioning units) located at 1379 Village Way, Gardnerville Nevada.

6A. *Sandra Bovenzi*
 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 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. The Albert Bovenzi and Sandra Bovenzi (Date) July 29, 1994
 Bovenzi Living Trust
 By: *Sandra Bovenzi, Trustee* (TITLE)
SANDRA BOVENZI, Trustee
 TYPE NAME(S)

By: _____ (TITLE)
TY A. NEBE, Commercial Loan Officer
 TYPE NAME(S)

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

07789

REQUESTED BY
Northern Nevada Title Company
 IN THE OFFICIAL RECORDS OF
 BUREAU OF RECORDS, NEVADA

10. Return Copy to

NAME: **Comstock Bank**
 ADDRESS: **5450 Riggins Court #2**
 CITY, STATE AND ZIP: **Reno NV 89502**

94 JUL 29 P3:33

SUZANNE G. ANDREAU
 RECORDER

\$15.00 PAID BL DEPUTY