

**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2 STATE OF NEVADA**  
**IMPORTANT— Read instructions on back before filling out form**

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

#16.

1. FILE NO. OF ORIG. FINANCING STATEMENT 91-08556 259315	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT September 19, 1991	1B. DATE OF ORIG. FINANCING STATEMENT August 20, 1991	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Secretary of State
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Wagner, Alexander R.			2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 7181
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1587 Fifth Green Court		2C. CITY, STATE Gardnerville, Nevada	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Wagner, Michele M.			3A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 6923
3B. MAILING ADDRESS 1587 Fifth Green Court		3C. CITY, STATE Gardnerville, Nevada	3D. ZIP CODE 89410
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			4A. SOCIAL SECURITY OR FEDERAL TAX NO
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME Valley Bank of Nevada MAILING ADDRESS P.O. Box 20000 CITY Reno STATE Nevada ZIP CODE 89520-0025			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND ABA NO 94-72/1224
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND ABA NO
7. A <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D <input checked="" type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)			

9. (Date) August 9 19 94

By: \_\_\_\_\_ (TITLE)  
Valley Bank of Nevada now by merger Bank of America Nevada  
Assistant Vice President  
Senior Group Ops. Manager

By: [Signature] (TITLE)  
Donna Mahan

10. This Space for Use of Filing Officer (Date, Time, Filing Office)

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

11. **Return Copy to**  
 Robert F. & Jeanette O. Ford,  
 Co-Trustees of The Ford Family Trust  
 & Alexander R. & Michele M. Wagner  
 P.O. Box 2320  
 Minden, Nevada 89423

**344959**  
**BK 0894 PG 5009**

**'94 AUG 29 12:02**

SUZANNE B. AUDREAU  
 RECORDER  
 \$16 PAID [Signature] DEPUTY

THIS SPACE FOR USE OF FILING OFFICER