

IMPORTANT—Read instructions on back before filling out form

STANDARD FORMS COMPANY - Phoenix - Nevada - Calif. - 369-5502

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

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|--|--|--|--|--|--|---|--|
| 1. FILE NO. OF ORIG. FINANCING STATEMENT Doc #299565 BK 293 PG 2250 | | 1A. DATE OF FILING OF ORIG. FINANCING STATEMENT February 12, 1993 | | 1B. DATE OF ORIG. FINANCING STATEMENT February 11, 1993 | | 1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County Recorder | |
| 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) GLEN A. BATES | | | | | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0734 | |
| 2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 3830 Topaz Ranch Road | | | | 2C. CITY, STATE Wellington NV | | 2D. ZIP CODE 89444 | |
| 3. ADDITIONAL DEBTOR (IF ANY)(ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BRENDA L. BATES | | | | | | 3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 8096 | |
| 3B. MAILING ADDRESS 3830 Topaz Ranch Road | | | | 3C. CITY, STATE Wellington, NV | | 3D. ZIP CODE 89444 | |
| 4. ADDITIONAL DEBTOR (IF ANY)(ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" 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 Walter Robert Smith MAILING ADDRESS 3835 Topaz Ranch Road CITY Wellington STATE NV ZIP CODE 89444 | | | | | | 5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 0053 | |
| 6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME Gloria F. Smith MAILING ADDRESS 3835 Topaz Ranch Road CITY Wellington STATE NV ZIP CODE 89444 | | | | | | 6A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 6108 | |
| 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) | | | | | | | |

8. 1985 Fleetwood Broadmoore Mobile Home, ID# FLIAF051308360

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|---|--|---|--|---|--|
| 9. By: <u>[Signature]</u> (Date) <u>19</u> GLEN A. BATES (SIGNATURE(S) OF DEBTOR(S)) | | By: <u>[Signature]</u> BRENDA L. BATES (SIGNATURE(S) OF SECURED PARTY(IES)) | | 10. This Space for Use of Filing Officer (Date, Time, Filing Office) | |
| By: <u>[Signature]</u> WALTER ROBERT SMITH (SIGNATURE(S) OF SECURED PARTY(IES)) | | By: <u>[Signature]</u> GEORGIA F. SMITH (SIGNATURE(S) OF SECURED PARTY(IES)) | | REQUESTED BY WESTERN TITLE COMPANY, INC. IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA | |

11. Return Copy to

| | |
|---------------------|---------------------------------|
| NAME | WESTERN TITLE COMPANY, INC. |
| ADDRESS | Attn: IC Dept #1554 |
| CITY, STATE AND ZIP | 1626 Hwy 395 Minde, NV 89423 |

355536 \$16.00 PAID [Signature] DEPUTY

THIS SPACE FOR USE OF FILING OFFICER