

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) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <u>Osborn L. Rosann</u>	1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9219	
1B. MAILING ADDRESS 1202 Kingslane	1C. CITY, STATE Gardnerville Nv	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS same	1F. CITY, STATE	1G. ZIP CODE

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	2D. ZIP CODE
2E. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME <u>Dennis L. McFadden & Rita McFadden</u> MAILING ADDRESS <u>511 Winnie Lane</u> CITY <u>Carson City</u> STATE <u>NV</u> ZIP CODE <u>89703</u>	4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 4356
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).

MOBILE HOME 1973 TITAN 70x14 SERIAL # 40357400185

6A. Rosann L. Osborn SIGNATURE OF RECORD OWNER
 6B. Rosann L. Osborn (TYPE) RECORD OWNER OF REAL PROPERTY
 6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

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

9. (Date) 9-20 1995
 By Rosann L. Osborn SIGNATURE(S) OF DEBTOR(S) (TITLE)
Rosann L. Osborn TYPE NAME(S)
 By Rita McFadden SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Dennis L. McFadden TYPE NAME(S)

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

08003

REQUESTED BY

STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'95 OCT -2 P4:05

LINDA SLATER
RECORDER

\$150 PAID DEPUTY

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP <u>RITA McFADDEN</u> <u>511 Winnie Lane</u> <u>Carson City, NV 89703</u>	Trust Account Number (If Applicable)
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THIS SPACE FOR USE OF FILING OFFICER

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