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UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

4801-2149

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>HOWARD L. WINN</u>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] - 3179	
1B. MAILING ADDRESS <u>1010 Sagebrush Ct.</u>		1C. CITY, STATE <u>Carlsbad, NV</u>	1D. ZIP CODE <u>89410</u>
1E. RESIDENCE ADDRESS <u>1010 Sagebrush Ct.</u>		1F. CITY, STATE <u>Carlsbad, NV</u>	1G. ZIP CODE <u>89410</u>
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <u>HELEN J. WINN</u>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS <u>1010 Sagebrush Ct.</u>		2C. CITY, STATE <u>Carlsbad, NV</u>	2D. ZIP CODE <u>89410</u>
2E. RESIDENCE ADDRESS <u>1010 Sagebrush Ct.</u>		2F. CITY, STATE <u>Carlsbad, NV</u>	2G. ZIP CODE <u>89410</u>

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME <u>SEARS ROEBUCK & CO.</u> MAILING ADDRESS <u>5400 UNIV. AVE STE A</u> CITY <u>W. DES MOINES</u> STATE <u>IA</u> ZIP CODE <u>50266</u>		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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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.
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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). 0287018243207

Parcel 27-271-02 T12 NR 20 ES 10 LOT 2
1010 Sagebrush Ct. Carlsbad, NV 89410

Howard L. Winn New Roof System
Helen J. Winn IN THE AMOUNT
HELEN J. WINN \$10,995.00
(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. NRS 104.9306	B. <input type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required). NRS 104.9402
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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) 9-12 19 95

By Howard L. Winn 9/12/95
SIGNATURE(S) OF DEBTOR(S) HOWARD L. WINN (TITLE)

By Helen J. Winn
TYPE NAME(S)
SEARS /L. MAY UCC SPEC.
SIGNATURE(S) OF SECURED PARTY(IES) L. May (TITLE)

TYPE NAME(S)

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

08010

REQUESTED BY Sears
IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

95 OCT 30 AM 1:13

LINDA SLATER
RECORDER
PAID DEPUTY

10. Return Copy to:

NAME	SEARS	Trust Account Number (If Applicable)
ADDRESS	POB 3700	
CITY, STATE AND ZIP	DES MOINES, IA 50322	

THIS SPACE FOR USE OF FILING OFFICER

373830
BK 1095PG5145