

# 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. \_\_\_\_\_

<b>1. DEBTOR (ONE NAME ONLY)</b> <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		<b>1A. SOCIAL SECURITY OR FEDERAL TAX NO.</b> [REDACTED] 2426	
<b>1B. MAILING ADDRESS</b> 3805 GRANITE WAY		<b>1C. CITY, STATE</b> WELLINGTON, NV.	<b>1D. ZIP CODE</b> 89444
<b>1E. RESIDENCE ADDRESS</b> SAME		<b>1F. CITY, STATE</b>	<b>1G. ZIP CODE</b>

<b>2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)</b> <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		<b>2A. SOCIAL SECURITY OR FEDERAL TAX NO.</b>	
<b>2B. MAILING ADDRESS</b>		<b>2C. CITY, STATE</b>	<b>2D. ZIP CODE</b>
<b>2E. RESIDENCE ADDRESS</b>		<b>2F. CITY, STATE</b>	<b>2G. ZIP CODE</b>

**3.**  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

<b>4. SECURED PARTY</b> NAME <b>TREVA J. BROWN</b> MAILING ADDRESS <b>129 BORDEAUX</b> CITY <b>CARSON CITY</b> STATE <b>NEVADA</b> ZIP CODE <b>89701</b>		<b>4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.</b> [REDACTED] 8745	
<b>5. ASSIGNEE OF SECURED PARTY (IF ANY)</b> NAME MAILING ADDRESS CITY STATE ZIP CODE		<b>5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.</b>	

**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).

**TO SECURE MOBILE HOME:**

1984 SKYLINE, PALM SPRINGS 66 x 14, SERIAL #23740173T

<p><b>6A.</b> <u>Michael Gallagher</u> SIGNATURE OF RECORD OWNER</p> <p><b>6B.</b> <u>MICHAEL GALLAGHER</u> (TYPE) RECORD OWNER OF REAL PROPERTY</p>	<p><b>6C.</b> \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)</p>
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<b>7.</b> Check if Applicable <input checked="" type="checkbox"/>	<b>A.</b> <input type="checkbox"/> Proceeds of collateral are also covered	<b>B.</b> <input type="checkbox"/> Products of collateral are also covered	<b>C.</b> <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)	<b>D.</b> <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) MARCH 8, 1996 19\_\_

By Michael Gallagher  
SIGNATURE(S) OF DEBTOR(S) (TITLE)  
**MICHAEL GALLAGHER**  
TYPE NAME(S)

By Treva J. Brown  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)  
**TREVA J. BROWN**  
TYPE NAME(S)

**10.** Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP <b>STEWART TITLE OF DOUGLAS COUNTY</b> <b>1650 NO. LUCERNE</b> <b>MINDEN, NV. 89423</b>	Trust Account Number (If Applicable)
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ESCROW #96080588

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

**08073**

REQUESTED BY  
**STEWART TITLE OF DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**'96 MAR 12 P3:44**

LINDA SLATER  
RECORDER  
PAID K2 DEPUTY

383011  
BK0396PG1561

WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

THIS SPACE FOR USE OF FILING OFFICER