

1. DEBTOR (LAST NAME FIRST) KOLBE, ERNEST ALBERT		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 6091	
1B. MAILING ADDRESS PO BOX 712		1C. CITY, STATE MINDEN, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) KOLBE, AURALEE		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 5998	
2B. MAILING ADDRESS Same as 1b Above		2C. CITY, STATE Same as 1c Above	2D. ZIP CODE Same as 1d
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE

3. DEBTOR(S) TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		2A. CITY, STATE	2B. ZIP CODE

5. SECURED PARTY NAME First Interstate Bank of Nevada, N. A.		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS 416 Esmeralda Avenue			
CITY Minden	STATE NV	ZIP CODE 89423	

6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	

7. 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 grown 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).

1975 JOHN DEERE EXTEND-A-HOE, ID # 153686T; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

7A. SIGNATURE OF RECORD OWNER		7C. \$	
7B. (TYPE) RECORD OWNER OR REAL PROPERTY		MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	

8. Check <input checked="" type="checkbox"/> If Applicable	A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
--	---	---	---	--

9. Check <input checked="" type="checkbox"/> If Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403
--	---

10. (Date) **MAY 17 1996** 19

KOLBE, ERNEST ALBERT; KOLBE, AURALEE

By: *[Signature]* (TITLE) *[Signature]*

First Interstate Bank of Nevada, N. A.

By: *[Signature]* (TITLE)

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

08112

REQUESTED BY **FIB**

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

11. Return Copy to

NAME **First Interstate Bank**

ADDRESS **P.O. Box 53439 Dept 488**

CITY, STATE AND ZIP **Phoenix, AZ 85072-3439**

388090

'96 MAY 17 10:27

LINDA SLATER
RECORDER
PAID *[Signature]* DEPUTY

FILING FEES SEE INSTRUCTIONS