

STATE OF NEVADA

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) DEPUTY, MARTI A		1A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████ 8661	
1B. MAILING ADDRESS 773 MUSTANG LANE		1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS 773 MUSTANG LANE		1F. CITY, STATE GARDNERVILLE, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DEPUTY, THOMAS E		2A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████ 6969	
2B. MAILING ADDRESS 773 MUSTANG LANE		2C. CITY, STATE GARDNERVILLE, NV	2D. ZIP CODE 89410
2E. RESIDENCE ADDRESS 773 MUSTANG LANE		2F. CITY, STATE GARDNERVILLE, NV	2G. ZIP CODE 89410
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			

4. SECURED PARTY NAME KEY BANK USA NATIONAL ASSOCIATION MAILING ADDRESS 5000 TIEDEMAN RD CITY BROOKLYN STATE OH ZIP CODE 44144		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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).

1996 FLEETWOOD ELKHORN CABOVER CAMPER #1EK6X1101T2381911

6A. _____ SIGNATURE OF RECORD OWNER

6B. _____ (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) 5/29 19 96

By Marti A Deputy (SIGNATURE(S) OF DEBTOR(S)) THOMAS E DEPUTY (TITLE)

MARTI A DEPUTY **THOMAS E DEPUTY**

By Linda M Love (SIGNATURE(S) OF SECURED PARTY(IES)) Collateral Admin. (TITLE)

LINDA M LOVE

10. **Return Copy to:**

KEY BANK USA NA
5000 TIEDEMAN RD.
BROOKLYN, OH 44144

Trust Account Number (If Applicable) _____

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

08215

REQUESTED BY
Key Bank USA
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

405466

97 JAN 27 AM 1:47

LINDA SLATER
RECORDER

\$16.00 PAID TO DEPUTY

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

THIS SPACE FOR USE OF FILING OFFICER

BK0197PG3583