6 UCC-2 G79 NV

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					NCING STATE				UCC-2	
	IMPOR:	FANT—R	lead ir	ıstructio	ns on back be	efore fil	lling out	t form		
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This STATEMENT	is presented for filing pursue	ant to the Nevada Uniform C	ommercial Code	
1. FILE NO. OF ORIG. FINANCING STATEMENT 1A. DA	ATE OF FILING OF ORIG. FINANCING 1/18/96	1B. DATE OF ORIG. FINANCING STATEM		ORIG. FINANCING
2. DEBTOR (LAST NAME FIRST)	.,, 10, 30		2A. SOCIAL SECURITY	OR FEDERAL TAX NO.
SEGHIERI, MARY		2C. CITY, STATE		I 2D. ZIP CODE
1449 PATRICIA DR		GARDNERVILL	E NV	89410
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME	(E FIRST)	CARDITERVILL	3A. SOCIAL SECURITY	
SEGHIERI, GREGORY			_	
3B. MAILING ADDRESS		3C. CITY STATE		3D. ZIP CODE
SAME			4A. SOCIAL SECURITY	NO 550 TIV NO
MAILING ADDRESS 3861 S. CA	Y STATE NV	zip code 897	OR BANK TRANSIT	AND A.B.A. NO.
5. ASSIGNEE OF SECURED PARTY (IF ANY)			5A. SOCIAL SECURITY OR BANK TRANSIT	
NAME			_ \ \ \	
MAILING ADDRESS	STATE	ZIP CODE		
CONTINUATION—The origin and date shown above is con which growing or to be grown	tinued. If collateral is crops n in Item 7 below.	veen the foregoing Debtor and or timber, check here and	insert description of re	al property on
releases the collateral descri	bed in Item 7 below.	/ / \ \		
		ed Party has assigned to the A le number shown above in the		
TERMINATION—The Secured Statement bearing the file nu	Party certifies that the Sec mber shown above.	ured Party no longer claims a	security interest under	the Financing 9
AMENDMENT—The Financing (Signature of Debtor required	statement bearing the file on all amendements.)	e number shown above is am	ended as set forth in	Item 7 below.
OTHER				
7.				
				OF FILING OFFICER
B. \	(Date) AP	/ / /	is Space for Use of Filing Of Date, Time, Filing Of	
	AF	R 8 19 ₉₇	. , , , .	•
	[FINANCIAL	(TITLE)	REQUESTED!	arcia/
By: IRAC	CY KRUK - ASR	lacy / Juk	REQUESTED BY DEPTH OFFICIAL RECONDUCTION OF THE PROPERTY OF TH	ORDS OF EVADA
NAME (MODI	Copy to VEST FINANCIAL	\neg \mid \mid \mid \mid	'97 APR 14 A11	
CITY, STATE 386°	S. CARSON ST SON CITY, NV 89701	0410475	LINDA SLA RECORDI	TER ER
		497PG1937	\$ 16 PAID K	2 DEPUTY
(1) Filing Officer Copy — Numerical UNIFORM COMMERCIAL COPE—FORM LICC-2	Approved by the	ne Secretary of State (379 1/2	STANDARD FORM-	-FILING-FEE \$4.00