

# 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.**

97081061

Receipt No. \_\_\_\_\_

<b>1. DEBTOR (ONE NAME ONLY)</b> <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>PINKERTON</b> <span style="float: right;"><b>ROBERT</b></span>	<b>1A. SOCIAL SECURITY OR FEDERAL TAX NO.</b> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>7948</b>
<b>1B. MAILING ADDRESS</b> <b>1202 Kingslane</b>	<b>1C. CITY, STATE</b> <b>Gardnerville, Nv</b>
<b>1E. RESIDENCE ADDRESS</b>	<b>1D. ZIP CODE</b> <b>89410</b>
<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 checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>N/A</b>	<b>2A. SOCIAL SECURITY OR FEDERAL TAX NO.</b> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>
<b>2B. MAILING ADDRESS</b>	<b>2C. CITY, STATE</b>
<b>2E. RESIDENCE ADDRESS</b>	<b>2D. ZIP CODE</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>DENNIS L. MCFADDEN &amp; RITA MCFADDEN</b> MAILING ADDRESS <b>511 WINNIE LANE</b> CITY <b>CARSON CITY</b> STATE <b>NV</b> ZIP CODE <b>89703</b>	<b>4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.</b> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>4356</b>
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<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> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>
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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).**

**1973 MOBILE HOME TITLAN**  
**70x14 SENAL 40357400185**

<b>6A. _____</b> SIGNATURE OF RECORD OWNER	<b>6C. \$ _____</b> MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
<b>6B. _____</b> (TYPE) RECORD OWNER OF REAL PROPERTY	

<b>7. Check if Applicable</b> <input checked="" type="checkbox"/>	<b>A. <input type="checkbox"/></b> Proceeds of collateral are also covered. NRS 104.9306	<b>B. <input type="checkbox"/></b> Products of collateral are also covered. NRS 104.9402	<b>C. <input type="checkbox"/></b> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	<b>D. <input type="checkbox"/></b> 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) \_\_\_\_\_ 19\_\_

By: *Robert Pinkerton* \_\_\_\_\_  
SIGNATURE(S) OF DEBTOR(S) **ROBERT PINKERTON** (TITLE)  
 TYPE NAME(S)

By: *Dennis L. McFadden* \_\_\_\_\_  
SIGNATURE(S) OF SECURED PARTY(IES) **DENNIS L. MCFADDEN** (TITLE)  
*Rita McFadden* \_\_\_\_\_  
**RITA MCFADDEN** (TITLE)  
 TYPE NAME(S)

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

08296

REQUESTED BY  
**Stewart Title of Douglas County**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

'97 AUG -1 A10:18

LINDA SLATER  
 RECORDER  
 \$15<sup>00</sup> PAID *KJ* DEPUTY

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

**10. Return Copy to:**

NAME <b>RITA MCFADDEN</b> ADDRESS <b>511 WINNIE LANE</b> CITY, STATE AND ZIP <b>CARSON CITY, NV 89703</b>	Trust Account Number (If Applicable) _____
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THIS SPACE FOR USE OF FILING OFFICER

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6058140  
BK089760042