

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
THIS UCC FINANCING STATEMENT 1 IS BEING SIGNED IN COUNTERPART BUT TO BE RECORDED AS
ONE DOCUMENT

IMPORTANT: Read Instructions on back before filling out form.

Receipt No. _____

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHARLES STEVEN MANCHESTER		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] - 5497
1B. MAILING ADDRESS P.O. BOX 3655	1C. CITY, STATE STATELINE, NEVADA	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHARLENA MARIE MANCHESTER		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7154
2B. MAILING ADDRESS P.O. BOX 3655	2C. CITY, STATE STATELINE, NEVADA	2D. ZIP CODE 89449
2E. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME JACK SIEVERS, DENISE SIEVERS, MARYANNE SIEVERS MAILING ADDRESS 232 BEVERLY WAY CITY GARDNERVILLE STATE NEVADA ZIP CODE 89410		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0295073
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME BANK OF STOCKTON MAILING ADDRESS P.O. BOX 1110 CITY STOCKTON STATE CA ZIP CODE 95201		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. BANK A.B.A. 90-103 BANK TRANSIT NO.121101037

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).

ALL TAHOE REGIONAL PLANNING DEFINED "COVERAGE" (I.E., THE TRANSFERABLE RIGHT TO DISTURB NATIVE VEGETATION LOCATED WITHIN THE JURISDICTION OF THE TAHOE REGIONAL PLANNING AGENCY) ESTIMATED AT ONE HUNDRED THIRTY TWO THOUSAND NINE HUNDRED TWENTY-FIVE (132,925) SQUARE FEET ARISING OUT OF THE OWNERSHIP OF REAL PROPERTY LOCATED IN DOUGLAS COUNTY, NEVADA COMMONLY KNOWN AS ASSESSOR'S PARCEL NO. 07-380-04.

6A. _____
SIGNATURE OF RECORD OWNER

6C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO
BE SECURED AT ANY ONE TIME (OPTIONAL)

6B. **CHARLES STEVEN MANCHESTER**
(TYPE) RECORD OWNER OF REAL PROPERTY

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input checked="" 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) _____ 19____

By _____ (TITLE)
SIGNATURE(S) OF DEBTOR(S)

CHARLES STEVEN MANCHESTER **CHARLENA MARIE MANCHESTER**
TYPE NAME(S)

By _____ (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)

JACK SIEVERS, DENISE SIEVERS **MARYANNE SIEVERS**
TYPE NAME(S)

10. **Return Copy to:**

NAME ADDRESS CITY, STATE AND ZIP	LOREN FLEMMER P.O. BOX 1110 STOCKTON, CA 95201	Trust Account Number (If Applicable)
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11. This Space for Use of Filing Officer: (Date, Time, Filing Number and Filing Officer)

08366

0432990

BK0298PG3469

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1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHARLENA MARIE MANCHESTER		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7154
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5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME BANK OF STOCKTON MAILING ADDRESS P.O. BOX 1110 CITY STOCKTON STATE CA ZIP CODE 95201		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. BANK A.B.A. 90-103 BANK TRANSIT NO. 121101037
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6A. *Charles Steven Manchester* 6C. \$ _____
SIGNATURE OF RECORD OWNER MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

6B. **CHARLES STEVEN MANCHESTER**
(TYPE) RECORD OWNER OF REAL PROPERTY

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered. NRS 104.9306	B. <input type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	D. <input type="checkbox"/> 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) February 18 1998

By *Charles Steven Manchester* *Charlene Marie Manchester*
SIGNATURE(S) OF DEBTOR(S) (TITLE)

CHARLES STEVEN MANCHESTER **CHARLENA MARIE MANCHESTER**
TYPE NAME(S)

By _____
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

JACK SIEVERS, DENISE SIEVERS MARYANNE SIEVERS
TYPE NAME(S)

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

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 FEB 19 P12:29

LINDA SLATER
RECORDER
\$21.00 PAID KO DEPUTY

0432990

BK0298PG3470

10. Return Copy to:

NAME LOREN FLEMMER	Trust Account Number (If Applicable)
ADDRESS P.O. BOX 1110	
CITY, STATE AND ZIP STOCKTON, CA 95201	