

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 checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DOHERTY, DONALD G., Trustee of the DONALD G. DOHERTY FAMILY TRUST		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 565-42-9934
1B. MAILING ADDRESS P.O. Box 5823		1C. CITY, STATE Santa Rosa CA
1E. RESIDENCE ADDRESS		1D. ZIP CODE 95402
1F. CITY, STATE		1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY)(ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DOHERTY, JANN F., Trustee of the DONALD G. DOHERTY FAMILY TRUST		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS same as above		2C. CITY, STATE
2E. RESIDENCE ADDRESS		2D. ZIP CODE
2F. CITY, STATE		2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME RAYMOND F. TRUTE and BETTY L. TRUTE		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS 1362 Sorrel Lane		<div style="background-color: black; width: 100px; height: 100px; display: inline-block;"></div> 1756
CITY Gardnerville STATE NV ZIP CODE 89410		
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).

All that certain personal property described on Exhibit "A" attached hereto.

6A. _____ SIGNATURE OF RECORD OWNER	6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B. _____ (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
---	--	---	--	---

8. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) 11-24 19 99

By [Signature] **Donald G. Doherty, Trustee** (TITLE)

By [Signature] **Jann F. Doherty, Trustee** (TITLE)

By [Signature] **Raymond F. Trute** (TITLE)

By [Signature] **Betty L. Trute** (TITLE)

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

08555

0481745
BK1199PG5419

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	Western Title Installment Coll 1626 Hwy 395 Minden, NV 89423
	Trust Account Number (If Applicable)

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

Exhibit to UCC-1 Financing Statement

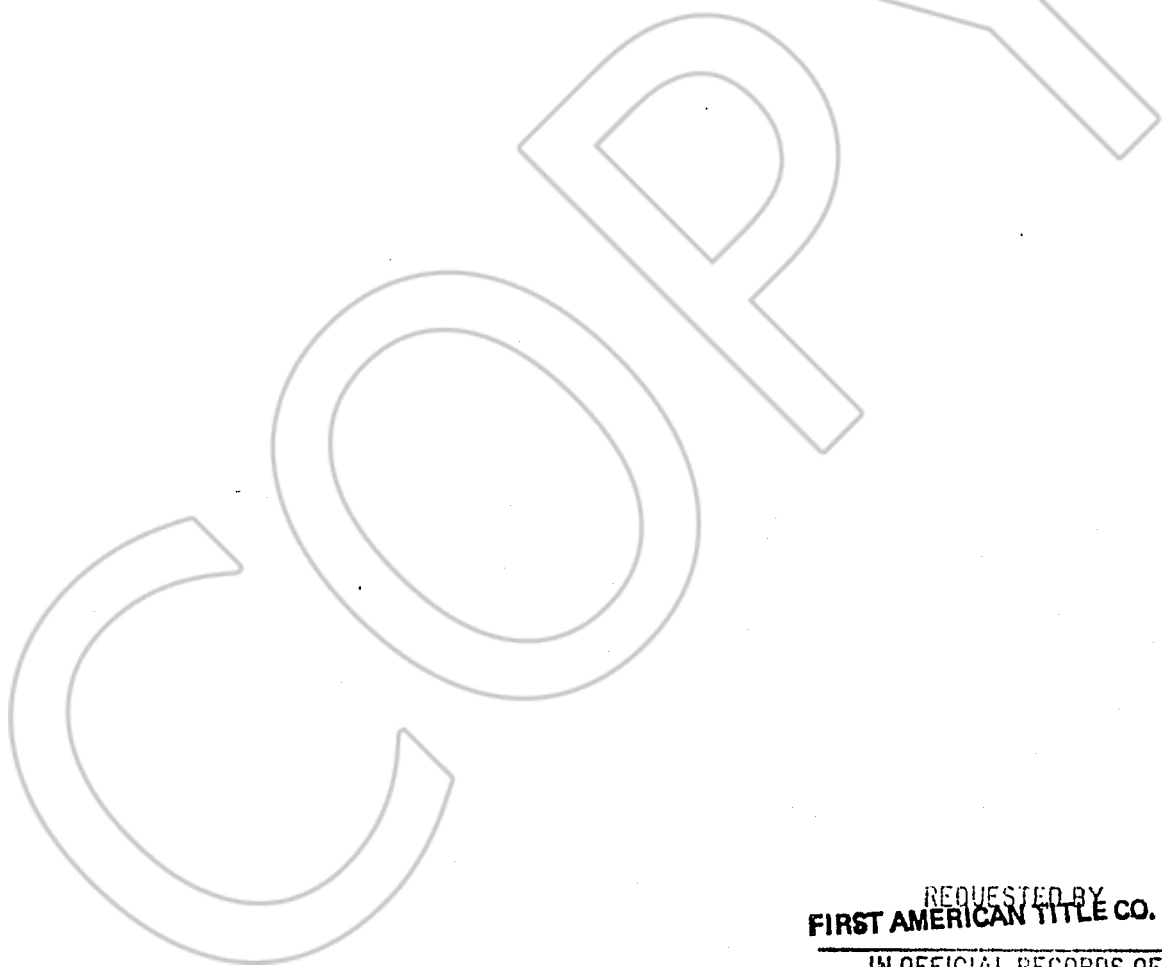
Property : 1389 Lampe Lane
Gardnerville, Nevada
APN 1220-04-501-010

Collateral Description:

All furniture, fixtures, machinery and equipment; 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 relation to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described real estate: All that certain lot, piece of parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel 2 as set forth upon Parcel Map for Smith's Food and Drug Centers, recorded January 29, 1996, in Book 196 at Page 4873 as Document No. 379963, Official Records of Douglas County.



REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 NOV 30 PM 4: 28

LINDA SLATER
RECORDER

\$1800 PAID *KS* DEPUTY

0481745

BK 1199PG5420