

RECORDING REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
AND WHEN RECORDED MAIL TO
STEWART TITLE OF DOUGLAS COUNTY
PO BOX 2055
STATELINE, NV 89449

ESCROW NO. 99021939

UNIFORM COMMERCIAL CODE
FINANCING STATEMENT UCC-1

COPY

08565

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION

0485327

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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) BUEHLER, ROBERT J.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> - 3708	
1B. MAILING ADDRESS PO BOX 10063		1C. CITY, STATE ZEPHYR COVE, NV	
1E. RESIDENCE ADDRESS		1D. ZIP CODE 89448	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) GREENWOOD, CAROLE K.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> - 9591	
2B. MAILING ADDRESS PO BOX 10063		2C. CITY, STATE ZEPHYR COVE, NV	
2E. RESIDENCE ADDRESS		2D. ZIP CODE 89448	
2F. CITY, STATE		2G. ZIP CODE	

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME MICHAEL L. KNAPP & SANDRA L. KNAPP MAILING ADDRESS 2702 AVALON AVENUE CITY CARLSBAD STATE CA ZIP CODE 92008		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 214-60-3421	
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).

1000 SQ. FT. OF TRPA CLASS 4 LAND COVERAGE TO BE RETAINED BY DEBTORS WITH ALL REMAINING BANKED LAND COVERAGE BEING RETAINED BY SECURED PARTIES HEREIN.
 PARCEL NO. 03-200-12

6A. *Robert J. Buehler*
 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) _____ 19____

By *Robert J. Buehler*, *Carole K. Greenwood*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

ROBERT J. BUEHLER CAROLE K. GREENWOOD
 TYPE NAME(S)

By *Michael L. Knapp*, *Sandra L. Knapp*
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

MICHAEL L. KNAPP SANDRA L. KNAPP
 TYPE NAME(S)

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

10. Return Copy to:

NAME: MICHAEL L. & SANDRA L. KNAPP ADDRESS: 2702 AVALON AVENUE CITY, STATE AND ZIP: CARLSBAD, CA 92008	Trust Account Number (If Applicable)
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WHITE—Alphabetical; PINK—Acknowledgement;
 GREEN—Secured Party; BLUE—Debtor.

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 28 PM 3: 34

LINDA SLATER
RECORDER

\$19⁰⁰ PAID *[Signature]* DEPUTY

0485327

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