

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) SCHORZMAN, Ruth E.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 6619	
1B. MAILING ADDRESS P.o. 882		1C. CITY, STATE Minden, NV 89423	1D. ZIP CODE 89423
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)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS 1204 Kingslane		2F. CITY, STATE Gardnerville, NV	2G. ZIP CODE 89410
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Raymond M. Smith and Margaret May Smith, Trustees MAILING ADDRESS P.O. 1195 CITY Minden STATE NV ZIP CODE 89423		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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).

1970 Capewood Mobile Home *56 x 14 / 1st flr / #01368*
24 X 60 Serial #C01368

6A. *Ruth E. Schorzman* SIGNATURE OF RECORD OWNER 6C. \$ _____
 6B. Ruth E. Schorzman (TYPE) RECORD OWNER OF REAL PROPERTY 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. 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) _____ 19____
 By *Ruth E. Schorzman* SIGNATURE(S) OF DEBTOR(S) (TITLE)
Ruth E. Schorzman TYPE NAME(S)
Raymond M. Smith Margaret May Smith SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Raymond M. Smith and Margaret May Smith, Co-Trustees TYPE NAME(S)

10. Return Copy to:
 NAME ADDRESS CITY, STATE AND ZIP Trust Account Number (if Applicable)
Mr. and Mrs. Raymond Smith _____
P.O. 1195 _____
Minden, NV 89423 _____

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

08570

0486135

BK0200PG1847

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 FEB 11 AM 10:49

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *Bh* DEPUTY

0486135

BK0200PG1848