

# UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

**IMPORTANT:**

Read instructions on back before filling out form.

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

1. File No. of Orig. Financing Statement <b>08542</b>	1A. Date of Filing of Orig. Financing Statement <b>October 1, 1999</b>	1B. Date of Orig. Financing Statement <b>September 9, 1999</b>	1C. Place of Filing Orig. Financing Statement <b>Douglas County, Nevada</b>
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Lane, Gordon R.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>7516</b>	
2B. MAILING ADDRESS <b>P.O. Box 10334</b>		2C. CITY, STATE <b>Zephyr Cove, NV</b>	2D. ZIP CODE <b>89449</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Lane, Carol L.</b>		3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>3326</b>	
3B. MAILING ADDRESS <b>P.O. Box 10334</b>		3C. CITY, STATE <b>Zephyr Cove, NV</b>	3D. ZIP CODE <b>89449</b>
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME <b>First Security Bank of Nevada</b> MAILING ADDRESS <b>P.O. Box 5700</b> CITY <b>Stateline,</b> STATE <b>NV</b> ZIP CODE <b>89449</b>		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0249697</b>	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. _____	
7. A. <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B. <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C. <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D. <input checked="" type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E. <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. Any changes made to Items 2 thru 6 above must be made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)			
8. Promissory Note and Deed of Trust dated August 11, 1999, executed by George Yonano and Eleanor Yonano (Borrower), payable to Gordon R. Lane and Carol L. Lane (Beneficiary), upon real property located at 336 Ute Way, Zephyr Cove, Douglas County, State of Nevada, 89448, together with all rights, proceeds, accounts, contract rights, chattel paper, documents and general intangibles related thereto or arising therefrom; 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 relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).			

9. (Date) March 22, 2000

By \_\_\_\_\_  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By \_\_\_\_\_  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)  
**Ed Curran Vice President**

TYPE NAME(S)

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

11. Return Copy to:

First Security Bank of Nevada  
P.O. Box 5700  
Stateline, NV 89449

Trust Account Number (If Applicable)

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

(477915)

THIS SPACE FOR USE OF FILING OFFICER

0488589  
6858840  
BK0300PG4853

COPY

REQUESTED BY  
1st Security Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 MAR 27 AM 9: 50

LINDA SLATER  
RECORDER

\$ 17<sup>00</sup> PAID K2 DEPUTY

0488589

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