

16 **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.

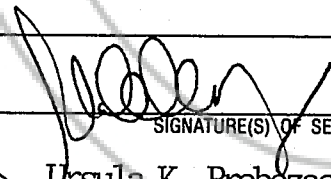
Receipt No. \_\_\_\_\_

1. File No. of Orig. Financing Statement 08059	1A. Date of Filing of Orig. Financing Statement February 6, 1996	1B. Date of Orig. Financing Statement January 31, 1996	1C. Place of Filing Orig. Financing Statement Douglas County
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Boutte', Evangeline S.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████ 3676
2B. MAILING ADDRESS P.O. Box 10925		2C. CITY, STATE Zephyr Cove, Nevada	2D. ZIP CODE 89448
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME Nevada Banking Company (now known as Colonial Bank) MAILING ADDRESS P.O. Box 5700 CITY Stateline STATE Nevada ZIP CODE 89449			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659
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. 1974 60' x 12' CHAMPION MOBILE HOME and SERIAL NO. 094966S6999; all Fixtures; together with the following specifically described property: 1974 60' x 12' CHAMPION MOBILE HOME, SERIAL NO. 094966S6999; 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). 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: N/A - NOT TAKING SECURITY INTEREST IN REAL PROPERTY TAHOE SHORES MOBILE HOME COMMUNITY is the record owner of the real property described on which the collateral is located.

9. (Date) February 16, 2001 XR

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

By  TYPE NAME(S) Commercial Lending Manager (TITLE)  
 Ursula K. Prebezac

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

11. Return Copy to:

Colonial Bank (fka Nevada Banking Company)  
 ADDRESS P.O. Box 5700  
 CITY, STATE AND ZIP Stateline, NV 89449

Trust Account Number (If Applicable)

THIS SPACE FOR USE OF FILING OFFICER

0509019  
BK0201PG3871

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

COPY

REQUESTED BY  
Colonial Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 FEB 21 AM 9:30

LINDA SLATER  
RECORDER

0509019

BK0201PG3872

\$ 16<sup>00</sup> PAID KJ DEPUTY