

STEWART TITLE
 010202273
 APN 07-162-03

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] 775-588-4025 self	Trust Acct. #
B. SEND ACKNOWLEDGMENT TO: (Name and Address) James and Faye Walters P.O.Box 3842 Stateline, NV 89449	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1.a. INITIAL FINANCING STATEMENT FILE # **395750**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT:** FULL or PARTIAL. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.
 DELETE name: Give record name to be deleted in item 6a or 6b.
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d - 7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME AUSTIN	FIRST NAME ROBERT	MIDDLE NAME G	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME AUSTIN	FIRST NAME FAYE	MIDDLE NAME L.	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID#: SSN OR EIN	OPTIONAL ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral released or added, or give entire restated collateral description.

9. NAME OF SECURED PARTY OF RECORD (or if this is an Assignment name of assignor):

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME Walters	FIRST NAME James	MIDDLE NAME	SUFFIX D.
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10. REQUIRED SIGNATURE(S) <i>James D Walters</i> <i>Faye L Walters</i>	11. OPTIONAL FILER REFERENCE DATA Debtor; Robert and Sharon Austin 8/30/96 Stateline, NV 89449
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0528036
 BK 1101 PG 5542

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as Item 1a on Amendment form)

395750

13. NAME OF SECURED PARTY OF RECORD (same as Item 9 on Amendment form)

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S LAST NAME

Walters WALTERS

FIRST NAME

James James

MIDDLE NAME, SUFFIX

D. D.

14. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Second secured party;
Walters Faye L.
P.O. Box 3842
Stateline, NV 89449

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 NOV 19 AM 10:46

LINDA SLATER
RECORDER

\$21.00 PAID KY DEPUTY

0528036
BK 1101 PG 5543