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 and without liability for the consideration therefor; or as to the validity o,
 sufficiency of said instrument or for the effect of such recording on the title of
 the property involved.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	Trust Acct. #
B. SEND ACKNOWLEDGMENT TO: (Name and Address) WESTERN TITLE COMPANY, INC. 1626 HWY 395 MINDEN, NV. 89423 attn: Carol Costa	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1 a. ORGANIZATION'S NAME				
OR				
1 b. INDIVIDUAL'S LAST NAME TRUTE		FIRST NAME BRIAN	MIDDLE NAME L.	SUFFIX
1 c. MAILING ADDRESS 1007 STEPHANIE LANE		CITY MINDEN	STATE NV	POSTAL CODE 89423
1 d. TAX ID#, SSN OR EIN [REDACTED] 4417	ADD'L INFO RE ORGANIZATION DEBTOR	1 e. TYPE OF ORGANIZATION	1 f. JURISDICTION OF ORGANIZATION	1 g. ORGANIZATIONAL ID # if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2 a. ORGANIZATION'S NAME				
OR				
2 b. INDIVIDUAL'S LAST NAME TRUTE		FIRST NAME MARION	MIDDLE NAME KATHY	SUFFIX
2 c. MAILING ADDRESS 1007 STEPHANIE LANE		CITY MINDEN	STATE NV	POSTAL CODE 89423
2 d. TAX ID #/ SSN OR EIN 572-13-6151	ADD'L INFO RE ORGANIZATION DEBTOR	2 e. TYPE OF ORGANIZATION	2 f. JURISDICTION OF ORGANIZATION	2 g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3 a. ORGANIZATION'S NAME				
OR				
3 b. INDIVIDUAL'S LAST NAME BENTON, Trustee		FIRST NAME WALLACE	MIDDLE NAME D.	SUFFIX
3 c. MAILING ADDRESS P.O. BOX 934		CITY SOUTH LAKE TAHOE	STATE CA.	POSTAL CODE 96156

4. This FINANCING STATEMENT covers the following collateral:

The collateral shall be all furniture, fixtures, equipment, inventory, and leasehold improvements of Debtor, now owned or hereafter acquired, which is located at 1389 LAMPE LANE GARDNERVILLE, NV. 89410, Nevada, or used in connection with any business operated on such premises, together with all intangible assets of Debtor, now owned or hereafter acquired. Such collateral shall include, but shall not be limited to, the items described by Exhibit "A" which attached hereto.

CROSS-INDEX AS REAL PROPERTY

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] (optional) All Debtors Debtor 1 Debtor 2.

8. OPTIONAL FILER REFERENCE DATA

08729

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/1/01)

0537970

BK0302PG09579

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX
	TRUTE	BRIAN L.

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11 e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
	BENTON, Trustee	CLARA	M.
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
P.O. Box 934		South Lake Tahoe	CA 96156

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

Parcel 2 as set forth upon Final Parcel Map for Smith's Food and Drug Centers, recorded January 29, 1996 in Book 196 at Page 4873, as Document No. 379963, of Official Records of Douglas County, Nevada.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Donald G. Doherty and Jann F. Doherty, as Trustees of the Donald G. Doherty Family Trust dated January 21, 1994

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction - effective 30 years
- Filed in connection with a Public-Finance Transaction - effective 30 years

0537970

BK0302PG09580

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME TRUTE	FIRST NAME BRIAN	MIDDLE NAME, SUFFIX L.

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY
OR EIN 4417	ADD'L INFO RE ORGANIZATION DEBTOR	11 e. TYPE OF ORGANIZATION	11i. JURISDICTION OF ORGANIZATION
			11o. ORGANIZATIONAL ID #, if anv <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR			
12b. INDIVIDUAL'S LAST NAME SALM	FIRST NAME MARTIN	MIDDLE NAME E.	SUFFIX
12c. MAILING ADDRESS P.O. Box 5910	CITY Stateline	STATE NV	POSTAL CODE 89449
			COUNTRY

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18. Check only if applicable and check only one box.

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Filed in connection with a Public-Finance Transaction - effective 30 years

0537970

BK0302PG09581

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9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

TRUTE

BRIAN

L.

10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAX ID#: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

11 e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11a. ORGANIZATIONAL ID #, if any

NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

LOCOCO, Trustee

FRANK

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

669 Joette Drive

Gardnerville

NV

94110

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Filed in connection with a Public-Finance Transaction - effective 30 years

0537970

BK0302PG09582

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OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX
	TRUTE	BRIAN L.

10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
	SCHWARTZ, Successor Trustee	MARION	
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
391 Montclair Dr. #59		Big Bear City	CA 92314

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CAL

(17)

RIT cleaners

EXHIBIT "A"

TENENT OWNED FIXTURES

IRONING BOARD AND IRON	(hoffman)	3000.00
STEAM PRESS (PHUEMATIC)	(forenta)	4500.00
PUFF IRON (3-WAY)	(forenta)	1500.00
SUSIE	(cissell)	2000.00
LEGGER	(pantex)	2000.00
TOPPER	(hoffman)	1000.00
PUFF IRON (1-WAY)	(hoffman)	500.00
SHIRT UNIT (3-PIECE)	(unipress)	25000.00
HOT HEADS (2-PIECE)	(unipress)	7500.00
DRAPE MACHINE	(perfectpleat)	1500.00
PERMAC D/C MACHINE	(bowe)	60000.00
CHILLER	(bemtec)	2000.00
2-A/C UNITS (THEY FEED THE CHILLER)	(trane)	6000.00
WATER SOFTNER	(braswell)	1000.00
SPOTTING BOARD	(forenta)	1000.00
85 LB WASHING MACHINE	(uniwash)	7500.00
30 LB WASHING MACHINE	(wascomat)	4500.00
07 LB WASHING MACHINE	(kenmore)	200.00
110 LB DRYER	(heubsch)	5000.00
50 LB DRYER	(american)	3000.00
WHITE CONVEYERS (2)	(white)	7000.00
BOILER AND BLOW-DOWN TANK	(thermosteam)	15000.00
AIR COMPRESSORS (2)	(speedair)	3000.00
VACCUM	(rema)	1100.00
COUNTERS	(locally made)	5000.00

516,780.00

m. Kaley
Dated 3-5-02

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 MAR 26 PM 12: 26

LINDA SLATER
RECORDER

\$41.⁰⁰ PAID *ko* DEPUTY

0537970

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