

4309

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Laura McKinney 775-827-7233 X225

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Colonial Bank
**P.O. BOX 5700
 STATELINE, NV 89449**

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

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: **LAURIAN** FIRST NAME: **ANTHONY** MIDDLE NAME: **F.** SUFFIX:

1c. MAILING ADDRESS: **P.O. Box 5965** CITY: **Stateline** STATE: **NV** POSTAL CODE: **89448** COUNTRY: **USA**

1d. TAX ID #, SSN OR EIN: ADD'L INFO RE ORGANIZATION DEBTOR: 1e. TYPE OF ORGANIZATION: **Individual** 1f. JURISDICTION OF ORGANIZATION: 1g. ORGANIZATIONAL ID #, if any: NONE

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

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME: **LAURIAN** FIRST NAME: **FREDRICKA** MIDDLE NAME: **M.** SUFFIX:

2c. MAILING ADDRESS: **P. O. Box 11520** CITY: **Zephyr Cove** STATE: **NV** POSTAL CODE: **89448** COUNTRY: **USA**

2d. TAX ID #, SSN OR EIN: ADD'L INFO RE ORGANIZATION DEBTOR: 2e. TYPE OF ORGANIZATION: **Individual** 2f. JURISDICTION OF ORGANIZATION: 2g. ORGANIZATIONAL ID #, if any: NONE

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

3a. ORGANIZATION'S NAME: **Colonial Bank**

OR

3b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: **229 Kingsbury Grade** CITY: **Stateline** STATE: **NV** POSTAL CODE: **89449** COUNTRY:

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; 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)

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 (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE). All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA: **8031318473-01**

0563003

08756

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

Harland Financial Solutions
400 S.W. 6th Avenue, Portland, Oregon 97204

BK0103PG01698

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
	LAURIAN	ANTHONY F.

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME		SUFFIX
	FIRST NAME	MIDDLE NAME	
	QUENZER	PETER	
11c. MAILING ADDRESS		CITY	STATE
P.O. Box 215		Genoa	NV
		POSTAL CODE	COUNTRY
		89448	USA
11d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
		Individual	
			11g. ORGANIZATIONAL ID #, if any
			<input checked="" 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		SUFFIX
	FIRST NAME	MIDDLE NAME	
12c. MAILING ADDRESS		CITY	STATE
			POSTAL CODE
			COUNTRY

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:
See exhibit "A" attached hereto and made a part thereof

16. Additional collateral description:

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

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 for 30 years

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BK0103PG01699

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 LAURIAN	FIRST NAME ANTHONY	MIDDLE NAME, SUFFIX F.

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME KATZ	FIRST NAME ANDREW	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS P. O. Box 11520		CITY Zephyr Cove	STATE NV	POSTAL CODE 89448	COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION Individual	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	<input checked="" 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	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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

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

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 for 30 years

0563003

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Exhibit "A"

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows:

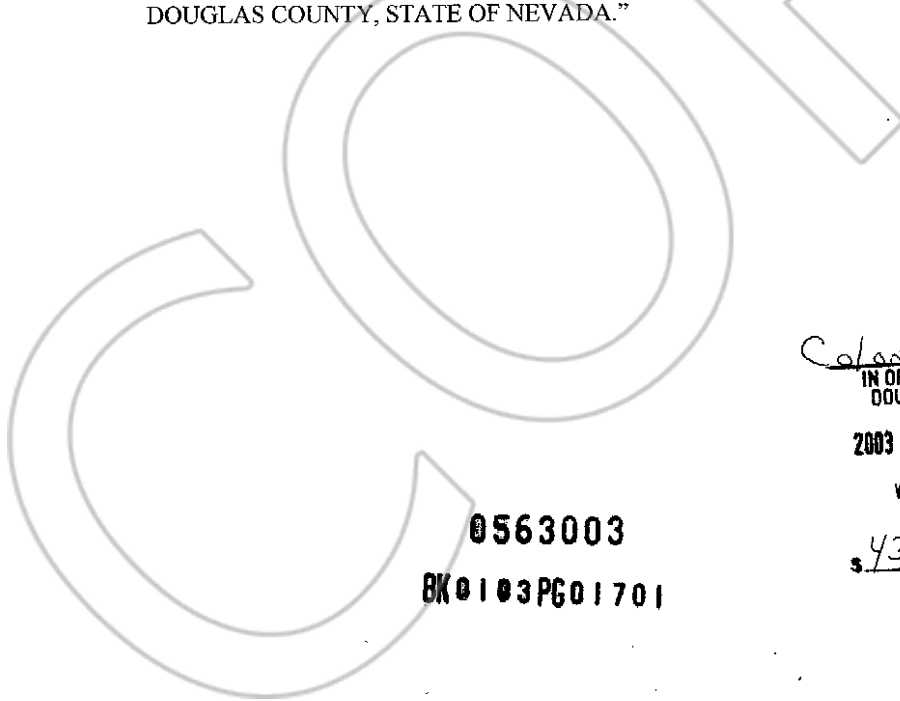
That portion of the Southwest ¼ of the Southeast ¼ of Section 15, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

COMMENCING at a 1" iron pipe at the intersection of the Southerly line of said Section 15 and the Southerly line of U.S. Highway 50, 80' wide; thence North 47°36'00" West along said Southwesterly line 341.05 feet to the True Point of Beginning; thence continuing along said Southwesterly line North 47°36'00" West 160.00 feet to the Southeasterly line of Elks Point Road 60' wide; thence South along said Southeasterly line South 42°17'45" West 68.38 feet; thence South 42°53'53" West 91.62 feet; thence South 47°06'07" East 110.00 feet; thence North 59°52'38" East 168.74 feet to the True Point of Beginning.

Reserving therefrom a non-exclusive easement for purposes of ingress and egress over the Southwesterly 20 feet thereof, said 20 feet, being measured at right angles to the Southwesterly line of the above described parcel, as reserved in Deed recorded November 27, 1978, in Book 1178, Page 1438, as Document No. 27611, of Official Records, Douglas County, Nevada.

APN 1318-15-804-002

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED MAY 15, 1992 AS FILE NO. 278782, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."



REQUESTED BY
Colonial Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
2003 JAN -7 AM 11:54
WERNER CHRISTEN
RECORDER
\$ 43⁰⁰ PAID *K2* DEPUTY

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