

REQUESTED BY  
**UCC Direct Services**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO. NEVADA

2004 APR 23 AM 11:49

WERNER CHRISTEN  
 RECORDER

\$ 41.00 PAID Kg DEPUTY

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	514700 ICOLONIAL
<input checked="" type="checkbox"/> UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	6212337  NVNV FIXTURE
File with: Douglas, NV	

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 Smittkamp		FIRST NAME Chad	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS P.O. Box 563		CITY Glenbrook	STATE NV	POSTAL CODE 89413
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. 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

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME Merkelbach		FIRST NAME Jean	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS P.O. Box 563		CITY Glenbrook	STATE NV	POSTAL CODE 89413
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. 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)

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

4. This FINANCING STATEMENT covers the following collateral:  
 All Fixtures on real property located at 195 Highway 50, Stateline, NV 89449; whether any of the foregoing is owned now or acquired later; all accession, 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] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING				
6. <input checked="" type="checkbox"/> 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) [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [ADDITIONAL FEE]		
8. OPTIONAL FILER REFERENCE DATA 6212337 8031318754 <b>08796</b> 8334 0611075				

UCC Direct Services

# 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 Smittkamp	FIRST NAME Chad	MIDDLE NAME, SUFFIX
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10. MISCELLANEOUS

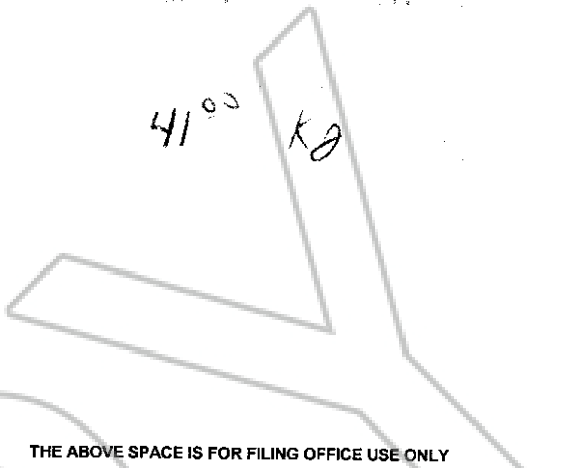
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File with: Douglas, NV



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
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11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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

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
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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:

Description: See Attached Exhibit "A"

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

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

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**EXHIBIT A**  
**to**  
**UCC-1 FINANCING STATEMENT**  
**Shannon Wickstrom**

The Collateral shall consist of all right, title and interest of Debtor (and, upon his death, of his estate and any beneficiary designated by him) in, to and under the Periodic Payments, Release, Annuity (or any other funding asset substituted for or used in place for the Annuity), the Qualified Assignment and any and all documents or instruments executed in connection therewith or otherwise relating to the foregoing, including, without limitation the right to exercise any and all rights of the Debtor, his estate and such beneficiary thereunder to give instructions or provide notices thereunder and to receive the Periodic Payments and any and all other monies payable pursuant to any such agreement, instruments or assets, and shall also mean any monies distributed in respect, or proceeds, of any of the foregoing, whether or not actually received by Debtor, his estate or any such beneficiary, including without limitation, any checks or other forms of payment instruments. The Collateral shall secure any and all obligations, debits, or duties of the Debtor, his estate or any such beneficiary presently existing or hereinafter created and, specifically shall secure, without limitation of any of the foregoing, any future extensions of credit, financial transactions, or the modifications of any existing transactions.

"Annuity": That certain undertaking issued by the Annuity Issuer to make payments on behalf of the SSC to the Debtor or such other payee as SSC might from time to time designate in order to fund the obligation of the SSC to make the Periodic Payments. The terms of the Annuity are set forth as Schedule "A" below.

"Annuity Issuer": Hartford Life Insurance Company.

"Periodic Payments": The schedule of all payments to be made to the Debtor under the Release as more specifically set forth in Schedule "B" below.

"Liability Insurer": The insurance carrier which insured the defendant against tort liability which is the subject of the Release.

"Qualified Assignment": That certain instrument of assignment if any by and between Liability Insurer and SSC regarding the Periodic Payments.

"SSC": ITT CEBSCO.

"Schedule "A":  
Annuity Owner : ITT CEBSCO  
Annuity Issuer : Hartford Life Insurance Company  
Annuity Contract Date : / /  
Annuity Contract # : CCX 0020988  
Payments due under Annuity Contract: 420 monthly payments of \$850.00 commencing November 15, 1997 through and including October 15, 2032.

"Schedule "B": 420 monthly payments of \$850.00 commencing November 15, 1997 through and including October 15, 2032.

"Release": That certain instrument dated 09/27/1997, between Debtor and Liability Insurer et al.

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