

APN# : 1318-09-810-109

**Recording Requested By:**  
Western Title Company, Inc.  
**Escrow No.:** 042360-MHK

**When Recorded Mail To:**  
Michael Reese  
P.O. Box 3047  
Auburn CA 95604

**DOC #** 789273  
09/09/2011 10:01AM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$90.00  
BK-911 PG-1376 RPTT: 0.00



**Mail Tax Statements to: (deeds only)**

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(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.  
(Per NRS 239B.030)

**Signature**

**Mkelsh**

**Escrow Officer**

\_\_\_\_\_  
**UCC**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Michael E. Reese (530) 878-3704</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>MICHAEL E. REESE AND JEANNE M. REESE 2009 REVOCABLE TRUST DATED APRIL 23, 2009 P.O. BOX 3047 AUBURN, CA 95604</b>

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 <b>MARLA BAY DEVELOPMENT, LLC</b>						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>P.O. BOX 10472</b>			CITY <b>ZEPHYR COVE</b>	STATE <b>NV</b>	POSTAL CODE <b>89448</b>	COUNTRY <b>US</b>
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>LLC</b>	1f. JURISDICTION OF ORGANIZATION <b>NEVADA</b>	1g. ORGANIZATIONAL ID #, if any <b>NV20111104225</b>		<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		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	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 <b>MICHAEL E. REESE AND JEANNE M. REESE 2009 REVOCABLE TRUST DATED APRIL 23, 2009</b>						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>P.O. BOX 3047</b>			CITY <b>AUBURN</b>	STATE <b>CA</b>	POSTAL CODE <b>95662</b>	COUNTRY <b>US</b>

**4. This FINANCING STATEMENT covers the following collateral:**

All entitlements appurtenant to and/or associated with 602 Lakeshore Boulevard, Zephyr Cove, NV 89448 recognized by the Tahoe Regional Planning Agency and defined in the Tahoe Regional Planning Agency Code of Ordinances, including without limitations, all Development Plans, Land Coverage, Residential Allocations, Permits and Units or Use, whether owned now or acquired hereafter.

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5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	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)	(ADDITIONAL FEE)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						



### 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 **MARLA BAY DEVELOPMENT, LLC**

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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

11d. SEE INSTRUCTIONS

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

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:

**602 Lakeshore Boulevard, Zephyr Cove, NV 89448  
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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 30 years