DOC # 0797114 02/10/2012 09:31 AM Deputy: SD OFFICIAL RECORD Requested By: FIRST MUTUAL BANK

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] LOAN SERVICIG 800-775-8015 Douglas County - NV Karen Ellison - Recorder

Page: 1 0f 1 Fee: BK-0212 PG- 1707 RPTT:

60.00 0.00



B. SENO ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK	. –			
PO BOX 1647			\	
BELLEVUE, WA 98009				\
1	· ·			
	THE	ABOVE SPACE IS FO		
	3/13/2007	V RE	be filed [for record] (or AL ESTATE RECORE)S
 TERMINATION: Effectiveness of the Financing Statement identified at CONTINUATION: Effectiveness of the Financing Statement identified 				
3 CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect to security interest(s)	of the Secured Party aut	iorizing this Continual	IDN Statement is
4. ASSIGNMENT (full or partial) Give name of assignee in item 7a or 78	and address of assignee in item 7c; and ali	so give name of assignor if	ı item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		. Check only <u>one</u> of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information of CHANGE name and/or address. Give current record name in Item 6a or 6	76.	Sive record name	ΩD name: Complete #	tem 7a or 7b, and also
CHANGE name and/or address. Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address of 6. CURRENT RECORD INFORMATION	ib, also give new DELETE name G nange) in item 7c to be deleted in ite	m 6a or 6b	em 7c. also complete i	tem 7a or 7b, and also tems 7d-7g (if applicable).
Ba ORGANIZATION'S NAME	_			
OR CENTRALIDITATION OF THE PROPERTY OF THE PRO				
OR 66 INDIVIDUAL'S LAST NAME NOLAN	FIRST NAME LARRY & SOUNDRA	MIDDLE	NAME	SUFFIX
	LARRY & SOUNDRA			
7. CHANGED (NEW) OR ADDED INFORMATION: [7a ORGANIZATION'S NAME]		\ \	·	
		/)		
OR 76 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	\ \	T		
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	N 71. JURISDICTION OF ORGANIZA	TION 7g ORG	GANIZATIONAL ID #, r	f any NONE
8. AMENDMENT (COLLATERAL CHANGE), check only gire box	/ /		•	
Describe collateral deleted or added, or give entire restated or	ollateral description, or describe collateral	assigned	-	
PARCEL ID: 1220-21-610-218			,	
LEGAL: LOT 374, AS SHOWN ON OFFICIAL MAI	O OF CADDENEDVII I F D /	MCHOS HNIT#	6 FILED FOR	RECORD MAY
29, 1973 IN THE OFFICE OF THE COUNTY RECO				
66512.		•		
SITUATE IN THE COUNTY OF DOUGLAS, STAT	E OF NEVADA			
ADDRESS, 714 ADDLED DD. CADDMEDVILLE A	IV 90460			
ADDRESS: 714 ADDLER RD, GARDNERVILLE, N	1 4 89400			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Fermination authorizing Debtor authorizing Debto		is an Assignment) If this or name of DEBTOR auth		
92 ORGANIZATION'S NAME	And one	TARRIE GI DEDITOT COM	\h	01/25/2012
FIRST MUTUAL BANK OR 9b. INDIVIDUAL'S LAST NAME	I EIDST NAME	MIDDLE	NAME (19	SUFFIX
DI. MOIVIDUAL O DAGT MANIC	FIRST NAME	, widett	001	Joseph
10, OPTIONAL FILER REFERENCE DATA				
DEBTOR(S): NOLAN, LARRY & SOUNDRA 51-	114686-07	DO	UGLAS, NV	\$40.00