



## DOUGLAS COUNTY, NV

Rec:\$62.00 Total:\$62.00 2016-878072 03/14/2016 10:58 AM

MEDALLION BANK

Pgs=2



KAREN ELLISON, RECORDER

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS	<u>-</u>
A. NAME & PHONE OF CONTACT AT FILER (option	nal)
Connie Sorenson (801) 747-7	713 457403
B. EMAIL CONTACT AT FILER (optional)	
csorenson@medallion.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Add	dress)
<b>1</b> 🗁	$\neg$ $\blacksquare$
/ MEDALLION BANK	
1100 EAST 6600 SOUTH, SUIT	E 510
SALT LAKE CITY, UT 84121	
FILED IN: D	OOUGLAS,NV
1. DEBTOR'S NAME - Provide only one Debtor name	(1a or 1b) (use exact, full name; do not omit, modify, or abb
	here $oxedsymbol{\square}$ and provide the Individual Debtor information in ite
1a. ORGANIZATION'S NAME	
OR	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME
Brown	Martha

SALI LAKE CITY, UT 84121		The state of the s		- N.
FILED IN: DOUGLAS,		PACE IS FOR FI	LING OFFICE USE	ONLY
1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use ex				7. 7.
name will not fit in line 1b, leave all of item 1 blank, check here 🗖 and prov	ride the Individual Debtor information in item 10 of the Fi	nancing Statement A	ddendum (Form UCC	IAd)
1a. ORGANIZATION'S NAME		/ /		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
Brown	Martha	/  ¢		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3360 Paser Ct	Carson City	NV_	89705	USA
2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use ex	act, full name; do not omit, modify, or abbreviate any pa	t of the Debtor's nam	ne); if any part of the Ir	dividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and prov	ide the Individual Debtor information in item 10 of the Fi	nancing Statement A	ddendum (Form UCC	(Ad)
2a. ORGANIZATION'S NAME				
OR		TARRIED TO	NAME ON THE PARTY OF THE P	(C) CUETIV
2b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	796	NAL NAME(S)/INITIAL	.(5) SUPPIX
Brown	Raymond	1 <del>4</del>	_	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3360 Paser Ct	Carson City	NV	89705	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO				
3a. ORGANIZATION'S NAME	R SECURED PARTY). Provide unity une Secured Party	Harrie (Sa Or Ob)		
OR MEDALLION BANK	) 1			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1100 EAST 6600 SOUTH, STE 510	SALT LAKE CITY	UT	84121	USA
4. COLLATERAL: This financing statement covers the following collateral:			-	
Composition Roof - Fixture Filing				
THE FOLLOWING PROPERTY IS SITUATE	D IN CARSON CITY, COUNTY C	F DOUGLAS	S, STATE OF	NEVADA
TO WIT: SILVERADO HEIGHTS 02 BLK C L	OT 186 SEC 18 T14 R20 INDIAN	I HILLS TWF	PROPERTY	ADDRESS:
3360 PLACER CT, CARSON CITY, NV 8970	)5 PARCEL ID#: 1420-18-113-054	ļ		
\ / /				
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The state of the s	1					
5. Check only if applicable and check only one box	: Collateral is held in a Tru	ust (see UCC1Ad, item 17 ar	nd Instructions)	ing administered by a Decede	nt's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one b	ox :	•	6	<ul> <li>b. Check <u>only</u> if applicable ar</li> </ul>	nd check only one box:	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing						
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR FILING	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i	if line 1b was left blank				
Bit   Individual's Surrivame   Brown   First Personal Name   Martha   Additional Name   Martha   Mar	because individual Debtor name did not fit, check here				\ \	
Brown  First Personal Name  Additional Name(s)(Initial(s)  CDESTOR'S NAME: Provide (10s or 10s) only one additional Debtor name or Debtor name that dis cort it in this 1b or 2b of the Financing Statement (Form UCC1) (use exact full name, do not one), mostly, or abbreviote any part of the Debtor's name) and enter the mailing address in line 10c  DESTOR'S NAME: Provide only one additional Debtor name or Debtor name that dis cort it in this 1b or 2b of the Financing Statement (Form UCC1) (use exact full name, do not one), mostly, or abbreviote any part of the Debtor's name) and enter the mailing address in line 10c  DESTOR'S NAME: Provide only one additional Debtor name or Debtor name that discort it in this 10c or 2b of the Financing Statement (Form UCC1) (use exact full name, do not not name) and enter the mailing address in line 10c  INCOVIDUAL'S SURNAME  INCOVIDUAL'S SURNAME  INCOVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  INCOVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  INCOVIDUAL'S SURNAME  INCOVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  Incovidual's SURNAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  INCOVIDUAL SPACE FOR ITEM 4 (Collateral):  Incovidual Surname  Incovidual Surname  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  Incovidual Surname  Incovidual S	9a. ORGANIZATION'S NAME				\ \	
Brown  First Personal Name  Additional Name(s)(Initial(s)  CDESTOR'S NAME: Provide (10s or 10s) only one additional Debtor name or Debtor name that dis cort it in this 1b or 2b of the Financing Statement (Form UCC1) (use exact full name, do not one), mostly, or abbreviote any part of the Debtor's name) and enter the mailing address in line 10c  DESTOR'S NAME: Provide only one additional Debtor name or Debtor name that dis cort it in this 1b or 2b of the Financing Statement (Form UCC1) (use exact full name, do not one), mostly, or abbreviote any part of the Debtor's name) and enter the mailing address in line 10c  DESTOR'S NAME: Provide only one additional Debtor name or Debtor name that discort it in this 10c or 2b of the Financing Statement (Form UCC1) (use exact full name, do not not name) and enter the mailing address in line 10c  INCOVIDUAL'S SURNAME  INCOVIDUAL'S SURNAME  INCOVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  INCOVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  INCOVIDUAL'S SURNAME  INCOVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  Incovidual's SURNAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  INCOVIDUAL SPACE FOR ITEM 4 (Collateral):  Incovidual Surname  Incovidual Surname  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  Incovidual Surname  Incovidual S					\ \	
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Martha ADDITIONAL NAME(S)/INITIAL(S) C THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY				The Real Property lies, the Parks of the Par	\	\
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C THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide (10a or -10b) only one additional Debtor name or Debtor name that dill not fit in line to or 2b of the Financing Statement (Form UCC1) (use exact full name, on onto mit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  [02. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S SURNAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  [13. ORGANIZATION'S NAME  ITID. INDIVIDUAL'S SURNAME  ITID. INDIVIDU		Toursin		-		1
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do not cost, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c    Total Comment			75.			
Tido   INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)   SUFFIX	<ul> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name.</li> </ul>	or Debtor name that did not fit in line mailing address in line 10c	1b or 2b of the Financing	Statement	(Form UCC1) (use-exac	t, full name;
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INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY USA  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b)  TIB. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S) SUFFIX  THIS FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Owners: Martha C Brown , Raymond A Brown  THE FOLLOWING PROPERTY IS SITUATED IN CARSON CITY, COUNTY OF DOUGLAS, STATE OF NEVADA TO WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 TO RE20 INDIAN HILLS TWP POPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420	NOT TO STATE OF THE STATE OF TH		)			
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CITY, COUNTY OF DOUGLAS, STATE OF NEVADA TO WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 T1 R20 INDIAN HILLS TWP PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420		,				
WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 T1/ R20 INDIAN HILLS TWP PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420	Owners: Martha C Brown , Raymond A Brown	THE FOLLOW	ING PROPERT	YISS	ITUATED IN C	ARSON
R20 INDIAN HILLS TWP PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420	\ / /	CITY, COUNT	Y OF DOUGLA	S, STA	TE OF NEVAL	OA TO
PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420						