

DOUGLAS COUNTY, NV

2017-908066

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\$90.00

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12/15/2017 08:34 AM

FIRST CORPORATE SOLUTIONS INC.

KAREN ELLISON, RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**ONLINE DEPT. - 888-507-4593**

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**FIRST CORPORATE SOLUTIONS INC.**  
**914 S STREET**

**SACRAMENTO CA. 95811**

**UCC1-268522.1**                      **DOUGLAS COUNTY**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME                      FIRST PERSONAL NAME                      ADDITIONAL NAME(S)/INITIAL(S)                      SUFFIX

**ZEPEDA**                      **HENRY**                      **J**

1c. MAILING ADDRESS                      CITY                      STATE                      POSTAL CODE                      COUNTRY

**2781 FULLER AVE**                      **MINDEN**                      **NV**                      **89423**                      **USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME                      FIRST PERSONAL NAME                      ADDITIONAL NAME(S)/INITIAL(S)                      SUFFIX

2c. MAILING ADDRESS                      CITY                      STATE                      POSTAL CODE                      COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME                      FIRST PERSONAL NAME                      ADDITIONAL NAME(S)/INITIAL(S)                      SUFFIX

3c. MAILING ADDRESS                      CITY                      STATE                      POSTAL CODE                      COUNTRY

**TECHNOLOGY CREDIT UNION**                      **SAN JOSE**                      **CA**                      **95131**                      **USA**

**2010 N FIRST ST #206**

4. COLLATERAL: This financing statement covers the following collateral:

**A PURCHASE MONEY INTEREST IN THE FOLLOWING: 4.8 KW PHOTOVOLTAIC SYSTEM:  
MODULE: TRINA SOLAR TSM-300DD05A.18(II)  
INVERTER: ABB PVI-3.6-OUTD-S-US-Z-A**

**THE ABOVE-REFERENCED SOLAR PANELS INCLUDING ANY MODIFICATIONS, ATTACHMENTS, IMPROVEMENTS, REVISIONS AND/OR ADDITIONS THERETO, AND ALL PROCEEDS AND REVENUES RESULTING FROM THE FOREGOING**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction     Manufactured-Home Transaction     A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien     Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor     Consignee/Consignor     Seller/Buyer     Bailee/Bailor     Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**UCC1-268522.1] 53-ZEPEDA**

International Association of Commercial Administrators (IACA)

# UCC FINANCING STATEMENT ADDENDUM

## FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME  
**ZEPEDA**

FIRST PERSONAL NAME  
**HENRY**

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  
**J**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

**ZEPEDA HENRY J & C K A TRUST**

16. Description of real estate:

PROPERTY LOCATED IN  
 COUNTY OF DOUGLAS, CITY OF MINDEN, STATE OF  
 NV  
 COMMONLY KNOWN AS 2781 FULLER AVE, MINDEN,  
 NV 89423-9036  
 APN: 1420-34-501-005  
 FOR TITLE REFERENCE DEED RECORDED 04/28/2017

17. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDENDUM

## FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME  
ZEPEDA

FIRST PERSONAL NAME  
HENRY

ADDITIONAL NAME(S)/INITIAL(S) \_\_\_\_\_ SUFFIX \_\_\_\_\_

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) \_\_\_\_\_ SUFFIX \_\_\_\_\_

10c. MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME \_\_\_\_\_ FIRST PERSONAL NAME \_\_\_\_\_ ADDITIONAL NAME(S)/INITIAL(S) \_\_\_\_\_ SUFFIX \_\_\_\_\_

11c. MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:  
WITH THE DOUGLAS COUNTY RECORDER'S OFFICE,  
INSTRUMENT #2017-897942  
SEE ATTACHED EXHIBIT A

17. MISCELLANEOUS:

Exhibit "A"

The land referred to in this description situated in the State of Nevada, County of Douglas, City of Minden and is described as follows:

Lot 1-A in Book 1199, Page 3357 as document No. 481071, Official Records of Douglas County, Nevada

