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DOUGLAS COUNTY, NV Rec:\$92.00 Total:\$92.00

2018-910238 02/09/2018 11:06 AM

CT LIEN SOLUTIONS

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KAREN ELLISON, RECORDER

## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141					
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY				
Lien Solutions P.O. Box 29071	62629757				
Glendale, CA 91209-9071	NVNV				
1	FIXTURE				
File with: Douglas, NV					

-	CLS-CTLS_Glendale_Customer_Service@woltersk	luwer.com			\ \	
C. S	SEND ACKNOWLEDGMENT TO: (Name and Address) 23	974 - SOLARCITY			\ \	
Γ	Lien Solutions	62629757			\ \	
	P.O. Box 29071	N I		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	\ \	
		NVNV				
ı		FIXTURE		Name and Address of the Owner, where the Owner, which is the Owner, wh		
l L	File with: Douglas, NV		THE ABOVE !	SPACE IS EC	R FILING OFFICE U	SE ONLY
	EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us	ee evant full name; do not omit				
	<u>—</u>	and provide the Individual Debto	P T	No.	76.	794
_	1a. ORGANIZATION'S NAME			_		<del></del>
-				\		
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	Goshorn	Marvin			,, ,,	
1c M	AILING ADDRESS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
			/	1/		
	66 SIERRA MESA CT	MINDEN		NV	89423	USA
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (us me will not fit in line 2b, leave all of item 2 blank, check here	se exact, full name; do not omit, and provide the Individual Debto	5 5 5	- 40		
ſ	2a. ORGANIZATION'S NAME		7 7			
or -	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	LADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	Goshorn	Ruth	Treatile	Abbillon	INC MARIE (O) INTERIES	Joseph
20 N	IAILING ADDRESS	CITY	<del>\</del>	STATE	POSTAL CODE	COUNTRY
	/ /		/ /	- N		
	66 SIERRA MESA CT	MINDEN	<del></del>	NV	89423	USA
	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	SNOR SECURED PARTY): Pro	vide only one Secured Party	name (3a or 3b	o)	
	3a. ORGANIZATION'S NAME Tesla, Inc.		\ \			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		VAL NAME(S)/INITIAL(S)	SUFFIX
		i		I		
		l l		1		
3c. N	MAILING ADDRESS	CITY	<del>/ / </del>	STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS 00 DEER CREEK ROAD	CITY PALO ALTO		STATE CA	POSTAL CODE	COUNTRY

<ol><li>Check <u>only</u> if applicable and check</li></ol>	only one box: Collateral is held in a Tru	st (see UCC1Ad, item 17 and	d Instructions)	being administered by a De	cedent's Personal Representat	ive
6a. Check only if applicable and chec	k <u>only</u> one box:	•		6b. Check only if applicable	and check only one box:	
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transn	nitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if a	applicable): X Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: 62629757 JB-894931-00 MARVIN & RUTH GOSHORN				0832 Reno	Sparks	

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 OR 9b. INDIVIDUAL'S SURNAME Goshorn FIRST PERSONAL NAME Marvin 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 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 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 16. Description of real estate: (if Debtor does not have a record interest): **RUTH GOSHORN** A PARCEL OF LAND LOCATED IN THE STATE OF 2866 SIERRA MESA CT NV, COUNTY OF DOUGLAS, WITH A SITUS MINDEN, NV 89423 ADDRESS OF 2866 SIERRA MESA CT, MINDEN NV 89423-7834 H007 CURRENTLY OWNED BY **GOSHORN MARVIN C & GOSHORN RUTH ANNE** HAVING A TAX ASSESSOR NUMBER OF 1420-28-311-041 AND DESCRIBED IN DOCUMENT [ See Exhibit for Real Estate ]

> Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

JB-894931-00 MARVIN & RUTH GOSHORN 0832 Reno

File with: Douglas, NV

17. MISCELLANEOUS: 62629757-NV-5 23974 - SOLARCITY

**Debtor:** Goshorn, Marvin

## **Exhibit for Real Estate**

16. Description of real estate: Continued

NUMBER 862653 DATED 04/22/2015 AND RECORDED 05/26/2015 .

