



DOUGLAS COUNTY, NV **2023-998009**  
 Rec:\$92.00  
 \$92.00 Pgs=3 **06/28/2023 08:40 AM**  
 LIEN SOLUTIONS  
 SHAWNYNE GARREN, RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

**B. E-MAIL CONTACT AT FILER (optional)**  
 uccfilingreturn@wolterskluwer.com

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)** 58882 - RegenerateOpco

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	93761654
	<b>NVNV FIXTURE</b>

File with: Douglas, NV

**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						
	VANDOREN	FIRST PERSONAL NAME	CYNTHIA	ADDITIONAL NAME(S)/INITIAL(S)	A	SUFFIX	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
885 MICA DR		CARSON CITY	NV	89705	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						
	ZIMMERMAN	FIRST PERSONAL NAME	VICTORIA	ADDITIONAL NAME(S)/INITIAL(S)	N	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
885 MICA DR		CARSON CITY	NV	89705	USA		

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							
	RegenerateOpco Trust						
OR	3b. INDIVIDUAL'S SURNAME						
		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
345 Park Ave, 31st Floor		New York	NY	10154	USA		

4. **COLLATERAL:** This financing statement covers the following collateral:  
 HVAC EQUIPMENT

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/Licensor

8. **OPTIONAL FILER REFERENCE DATA:**  
 93761654 3695462



# 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

VANDOREN

FIRST PERSONAL NAME

CYNTHIA

ADDITIONAL NAME(S)/INITIAL(S)

A

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:

PARCEL ID # 1420-07-310-010

VANDOREN & ZIMMERMAN  
885 MICA DR  
CARSON CITY NV 89705

VISTA GRANDE #1 BLOCK E LOT 13  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 93761654-NV-5 58882 - RegenerateOpco Trust

RegenerateOpco Trust

File with: Douglas, NV

3695462

**Debtor:** VANDOREN, CYNTHIA, A

Exhibit for Real Estate

**16. Description of real estate:**

DEED DATE 01/19/2018  
DEED # 909379

Continued

