

DOC # 0218753

10/07/2011

03:39 PM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FARM SERVICE AGENCY  
555 W SILVER STREET Ste. 101  
ELKO NV 89801

Official Record

Recording requested By  
USDA FARM SERVICE

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$60.00

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RPTT:

Recorded By: FES

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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
GROTH DANIEL E

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
PO BOX 662 EUREKA NV 89316

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATION ID #, if any ☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
UNITED STATES OF AMERICA ACTING THROUGH THE U.S. DEPARTMENT OF AGRICULTURE, FARM SERVICE AGENCY

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
555 W SILVER STREET STE 101 ELKO NV 89801

4. This FINANCING STATEMENT covers the following collateral:

1. This Financing Statement covers the following types of collateral (including proceeds and products thereof):  
(a). Crops, livestock, other farm products, farm and other equipment to include all irrigation equipment, supplies, inventory, and contract rights.  
(b). All accounts, general intangibles, gross receipts, including co-op retains, equities and revolving funds derived from or related to debtor's farmland or farming activities, additionally including, but not limited to, cooperative stock or certificates base acres, accounts receivable, and proceeds from the Commodity Credit Corporation programs.  
(c). 1983 Champion 24 X 48 S/N 24385085732.

2. Disposition of such collateral is not hereby authorized.

3. Any good described in 1(c) above which are to become fixtures are affixed to real estate.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ A.G. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA  
Eureka County

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

☐ FILING OFFICE COPY ☐ ACKNOWLEDGMENT COPY ☐ SEARCH REPORT COPY ☐ DEBTOR COPY ☐ SECURED PARTY COPY

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
GROTH	DANIEL	E.

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11 b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. TAXID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

## 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME- insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

## 13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

## 14. Description of real estate:

APN: 007-200-07

804 11TH STREET  
EUREKA NY

Township 21 North, Range 53 East, M.D.B. & M  
Section 2: Lots 5 and 6; S1/2NW1/4;SW1/4;

## 15. Additional collateral description:

## 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

## 17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

## 18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years  
☐ Filed in connection with a Public-Finance Transaction - effective 30 years

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

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