191-14-513-126

LINCOLN COUNTY, NV Rec:\$90.00

2024-167382

08/28/2024 08:43 AM

1. AK

Total:\$90.00

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191-14-515-120	,		CSC				Pgs=4
			1/8/01/				: 141111 Wil II
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			00014	18181	24016738200	IRI R IBI MI	
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294			OFFICI		- 1	\	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com			AMYEL	₋MER,	RECORDER	3	ĵ .
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			•	•	\	\	•
2907 48449 CSC			/		\	\	
801 Adlai Stevenson Drive	d In: Nevada (Lincoln)	ı				1	
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	`	TH	E ABOVE SPAC	E IS FO	R FILING OFF	ICE USE O	NEY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full r not fit in line 1b, leave all of item 1 blank, check here and provide	name; do not omit, mo e the Individual Debtor						Debtor's name will
1a. ORGANIZATION'S NAME			1	\			1
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	_/_	ADDITIO	NAL NAME(S)/INI	TIAL(Ś)	SUFFIX
CAMACHO 1c. MAILING ADDRESS 2029 Rockburne Street	DAVID		\rightarrow	STATE	POSTAL CODE		COUNTRY
	Hendersor			ΝV	89044		USA
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n not fit in line 2b, leave all of Item 2 blank, check here 	name; do not omit, mo e the Individual Debtor						ebtor's name will
2a. ORGANIZATION'S NAME							
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME		ADDITIO	NAL NAME(S)/iNi	TIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	<u> </u>		STATE	POSTAL CODE		COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provid	le only one Secur	red Party name (3a	or 3b)	<u> </u>		
3a. ORGANIZATION'S NAME Watercress Financial Group LI							
OR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME		ADDITIO	NAL NAME(S)/INI	TIAL(S)	SUFFIX
3c. MAILING ADDRESS 1415 28th Street #315	CITY	+-+		STATE	POSTAL CODE		COUNTRY
	West Des	Moines		IA	50266		USA
COLLATERAL: This financing statement covers the following collateral: Water							
				•			
/							
		•					
	it (see UCC1Ad, item	17 and Instruction			red by a Deceden		
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Uti		-	if applicable and ci	heck <u>only</u> one Non-UCC F	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign		Seller/Buyer		ailee/Bailor		ee/Licensor
ODTIONAL ELLED DEEEDENCE DATA: DAVID CAMACLO							

5. Check only if applicable and check only one bo	x: Collateral is held in a Ti	rust (see UCC1Ad, item 17 and	Instructions)	being administered by a Dece	edent's Personal Representative
6a. Check only if applicable and check only one	DOX:			6b. Check only if applicable a	nd check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA	DAVID CAMACHO				2907 48449

IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing States Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME	ement; if line 1b was left blank
9b. INDIVIDUAL'S SURNAME CAMACHO	
FIRST PERSONAL NAME DAVID	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en	name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; er 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
MAILING ADDRESS	CITY STATE POSTAL CODE COUNTI
	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
MAILING ADDRESS	CITY STATE POSTAL CODE COUNTI
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	
This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	i) in the 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing
Name and address of a RECORD OWNER of real estate described in itel (if Debtor does not have a record interest): AVID CAMACHO AND RAMONA C. CAMAC	n 16 16. Description of real estate: CHO, DEED RECORDED IN INSTRUMENT 20180725-0000067
USBAND AND WIFE AS COMMUNITY ROPERTY 029 Rockburne Street, Henderson, NV 8904	ALL THAT REAL PROPERTY SITUATED IN THE COUNTY O
	PARCEL I:

11. ADDITIONAL SECURED PARTY'S NAME of 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 COUNTR 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed (for recorded) in the REAL ESTATE RECORDS (if applicable) 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: FINAL MAP OF SOUTH EDGE INSPIRADA POD 1-3 UNIT 1, A COMMON INTEREST COMMUNITY AS SHOWN BY MAP THEREOF ON FILE IN BOOK 134 OF PLATS, PAGE 73, IN THEREOF ON FILE IN B	UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	
SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAME; Provide (10e or 10b) only aga 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 crint, modily, or abbreviate any pair of the Debtor's name) and enter the mailing address in line 10c Tob. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME; S)INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR THE	· L 	
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do not omit, modify, or abtrividue any part of the Deblor's name) and enter the mailing address in line 100 Top. ORGANIZATION'S NAME Top. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX	ADDITIONAL NAME(S)/INITIAL(S)	
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Inc. Mailing address City State Postal code Countre	INDIVIDUAL'S FIRST PERSONAL NAME	
ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS 11c. MAILING ADDRESS 11d. MAILING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 11d. This FINANCING STATEMENT:	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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AMENDMENT RECORDED JANUARY 2, 2007 IN BOOK 2007 DOCUMENT NO. 03110, OFFICIAL RECORDS. PARCEL II:		FINAL MAP OF SOUTH EDGE INSPIRADA POD 1-3 UNIT 1, A COMMON INTEREST COMMUNITY AS SHOWN BY MAP THEREOF ON FILE IN BOOK 134 OF PLATS, PAGE 73, IN THE OFFICE OF THE COUNTY RECORDER OF CLARK COUNTY, NEVADA AND AS AMENDED BY CERTIFICATE OF AMENDMENT RECORDED JANUARY 2, 2007 IN BOOK 2007 AND DOCUMENT NO. 03110, OFFICIAL RECORDS.
17. MISCELLANEOUS:	17 MISCELLANEOUS	

AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ise Individual Debtor name did not fit, check here Ba. ORGANIZATION'S NAME Bb. INDIVIDUAL'S SURNAME CAMACHO FIRST PERSONAL NAME DAVID ADDITIONAL NAME(S)/INITIAL(S) DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of the one to mit, modify, or abbreviate any part of the Debtor's name) and enter the reliance of the Debtor's name of the	SUFFIX or Debtor name that did not fit in line		SPACE		
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MAILING ADDRESS	CITY ·		STATE	POSTAL CODE	COUNTRY
FT 100	OVER SECURED PARTIES	200			
ADDITIONAL SECURED PARTY'S NAME OF ASSIGNATION'S NAME	GNOR SECURED PARTY'S	5 NAIVIE: Provide on	ly one nam	e (11a or 11b)	
11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	\	STATE	POSTAL CODE	COUNTRY
DDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>	
SONION CONTROL OF THE PROPERTY					
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	_ I				
ame and address of a RECORD OWNER of real estate described in item 16	covers timber to be c		extracted c	ollateral is filed as a	a fixture filing
Debtor does not have a record interest):	EASEMENTS AS RESIDENTIAL CH DECEMBER 01, 2	HARTER FOR	INSP	IRADA, RECORI	DED
	0002785, OFFICIA				
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