

**SCHEDULE A  
SECURITY LISTING**  
(CHECK THE APPROPRIATE BOX(ES) AND DESCRIBE ITEM(S))

**A. Purchase Money Security**

(Any type of household goods or personal property may be listed in 1 & 2)

**1. Direct Loan Purchase Money Security**

(When proceeds are used to purchase specific items)

**2. Security From**

Prior ATP Acct. # \_\_\_\_\_

**B. Non Purchase Money Security**

Give complete description -- make/model.

<p><b>1. Television (Excess of 1)</b>              (2) RCA                      \$ 400                      <input checked="" type="checkbox"/>              _____                      \$ _____                      <input type="checkbox"/>  <b>2. Satellite Dish:</b> _____                      \$ _____                      <input type="checkbox"/>  <b>3. Radio (excess of 1):</b> _____                      \$ _____                      <input type="checkbox"/>              Citizens Band Radio/Transmitter                      \$ 50                      <input checked="" type="checkbox"/>              Shortwave Band Receiver/Transmitter _____                      \$ _____                      <input type="checkbox"/>  <b>4. Video Equipment:</b>              VCR/Disc Player (3)                      \$ 600                      <input type="checkbox"/>              _____                      \$ _____                      <input type="checkbox"/>              Video Game Computers (e.g., "Atari") _____                      \$ _____                      <input type="checkbox"/>              Video Games _____                      \$ _____                      <input type="checkbox"/>              Video Tapes _____                      \$ _____                      <input type="checkbox"/>              Video Camera _____                      \$ _____                      <input type="checkbox"/>  <b>5. Home Computers (2) PRINTERS</b>              Equipment IBM 286                      \$ 1000                      <input type="checkbox"/>              Software _____                      \$ _____                      <input type="checkbox"/>  <b>6. Stereo Equipment:</b>              Receiver/Amplifier _____                      \$ _____                      <input type="checkbox"/>              Compact Disc Player _____                      \$ _____                      <input type="checkbox"/>              Microphone _____                      \$ _____                      <input type="checkbox"/>              Turntable _____                      \$ _____                      <input type="checkbox"/>              Speakers _____                      \$ _____                      <input type="checkbox"/>              Cassette Player/Recorder _____                      \$ _____                      <input type="checkbox"/>              Compact Discs/Cassettes/Record Albums _____                      \$ _____                      <input type="checkbox"/>  <b>7. Piano or Organ</b> _____                      \$ _____                      <input type="checkbox"/>  <b>8. Musical Instruments:</b>              Drums _____                      \$ _____                      <input type="checkbox"/>              Instruments _____                      \$ _____                      <input type="checkbox"/>              Guitars _____                      \$ _____                      <input type="checkbox"/>              Amplifiers _____                      \$ _____                      <input type="checkbox"/>  <b>9. Sports Equipment:</b>              Bicycles _____                      \$ _____                      <input type="checkbox"/>              Fishing Equipment _____                      \$ _____                      <input type="checkbox"/>              _____                      \$ _____                      <input type="checkbox"/>              Golf Clubs/Carts _____                      \$ _____                      <input type="checkbox"/>              _____                      \$ _____                      <input type="checkbox"/>              Ping Pong/Pool Tables _____                      \$ _____                      <input type="checkbox"/>              ATV All Terrain Vehicle _____                      \$ _____                      <input type="checkbox"/>              Canoe/Rowboat _____                      \$ _____                      <input type="checkbox"/> </p>	<p>Surfboards/Windsurfer Boards _____ \$ _____ <input type="checkbox"/>              Camping Equipment _____ \$ _____ <input type="checkbox"/>              _____ \$ _____ <input type="checkbox"/>              Exercise Equipment _____ \$ _____ <input type="checkbox"/>              _____ \$ _____ <input type="checkbox"/>              Ski Equipment _____ \$ _____ <input type="checkbox"/>              _____ \$ _____ <input type="checkbox"/>  <b>10. Rifles/Shotguns (no handguns):</b> _____ \$ _____ <input type="checkbox"/>  <b>11. Camera Equipment:</b>              Cameras _____ \$ _____ <input type="checkbox"/>              Lens _____ \$ _____ <input type="checkbox"/>  <b>12. Telescope:</b> _____ \$ _____ <input type="checkbox"/>  <b>13. Microscope:</b> _____ \$ _____ <input type="checkbox"/>  <b>14. Binoculars:</b> _____ \$ _____ <input type="checkbox"/>  <b>15. Hand and Power Tools:</b>              Table/Radial Arm Saw _____ \$ _____ <input type="checkbox"/>              Lathe _____ \$ _____ <input type="checkbox"/>              Electric Sander/Grinder _____ \$ _____ <input type="checkbox"/>              Paint Sprayer _____ \$ _____ <input type="checkbox"/>              Drill and Bits _____ \$ _____ <input type="checkbox"/>              Chain or Circular Saw _____ \$ _____ <input type="checkbox"/>              Hand Tools _____ \$ _____ <input type="checkbox"/>              _____ \$ _____ <input type="checkbox"/>              Ladders _____ \$ _____ <input type="checkbox"/>  <b>16. Lawn and Garden Equipment:</b>              Lawn Mower _____ \$ _____ <input type="checkbox"/>              Weed Eater/Edger _____ \$ _____ <input type="checkbox"/>              Wheelbarrow _____ \$ _____ <input type="checkbox"/>              Snowblower _____ \$ _____ <input type="checkbox"/>              Garden Tools _____ \$ _____ <input type="checkbox"/>  <b>17. Books/Encyclopedias:</b> _____ \$ _____ <input type="checkbox"/>  <b>18. Auto Repair Equipment:</b> _____ \$ _____ <input type="checkbox"/>  <b>19. Typewriter(s):</b> _____ \$ _____ <input type="checkbox"/>  <b>20. Clock(s):</b> _____ \$ _____ <input type="checkbox"/>  <b>21. Artworks:</b>              Paintings, Statues, Figurines, Wall Hangings,              Pictures, Prints &amp; Tapestries _____ \$ _____ <input type="checkbox"/> </p>
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I (WE) ESTIMATE THE TOTAL REPLACEMENT COST NEW OF THE ABOVE ITEMS TO BE \$ 2050

Date 3-14-96

Borrower Robert Wells

Witness [Signature]

Borrower \_\_\_\_\_

Where Personal Property Insurance is purchased by the customer, the amount of coverage may not exceed the lesser of the value stated on the above listing or the Total of Payments of the loan. Review your State Insurance Guidelines for any exceptions.