Uniform Commercial Code - Financing Statement - Form UCC-1

1. Type form. 2. If xpace is Inadequate continue on additional sheet, 3. Enclose filling fee.

4. Fillings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

	Prepaid account number		
	Debtor (if inc	dividual, last name first) and address:	
Debtor (if individual, last name first) and address:			
TARY F		WILSON, TERESA L.	
		000 E 19TH ST #19 AWRENCE , KS 66046	
LAWRENCE , KS 66046		AWKENCE, RS 00010	
	CCINI -	or SSN 514 72 - 5805 _	
IN or SSN <u>512 76 - 8839</u>	FEIN	or SSN 514 - 72 - 5805 For filing officer	
Secured Party and address (there may be more than one): [Type information inside gray area]		9011312	
		STATE OF THE PROPERTY OF THE PARTY OF THE PA	
		E DO THE CONTRACTOR OF S	
KAW VALLEY HOME SALES, INC		1995 SEP 19 BH 1: 25	
		1112	
1330 N. 3RD			
LAWRENCE, KS 66044		DICTORES OF AFEDS	
		REGISTER OF DEEDS	
3. Assignee and address if applicable			
CREEN TREE FINANCIAL SERVICING CORPORATION,			
2945 WANAMAKER DRIVE SUITE A			
TOPEKA . KS 66614			
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