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STATE OF OREGON

INSTRUCTIONS:

1. PLEASE TYPE THIS FORM.
2. Enclose fee of \$2.00 for each debtor or trade name shown.
3. Send the Alphabetical, Numerical and Acknowledgment copies with interleaved carbon paper intact to the filing officer. The Debtor(s) and Secured Party(ies) copies are retained by party making the filing.
4. If the space provided for any item(s) on the form is inadequate, the item(s) should be continued on additional sheets, preferably 8 1/2" x 11". Only one copy of such additional sheets need be presented to the filing officer. Long schedules of collateral indentures, etc. may be on any size paper that is convenient for the secured party.
5. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.
6. The Form UCC-1A should be filed with the county filing officers who record real estate mortgages.
7. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party.
8. When a copy of the security agreement is used as a financing statement, it is requested that it be accompanied by a completed UCC-21 form.
9. When filing is to be terminated the acknowledgment copy may be sent to the filing officer signed by the secured party or assignee or he may use Form UCC-3 or UCC-3A as a Termination Statement.

THIS FINANCING STATEMENT is presented to filing officer pursuant to the Uniform Commercial Code

1A. Debtor(s):

Larry Toothman

1B. Mailing Address(es):

246 Soquel St.
Klamath Falls, Or. 97601

2A. Secured Party(ies):

C P NATIONAL CORPORATION

2B. Address of Secured Party from which security information obtainable:

1011 Main St., PO BX 310
Klamath Falls, Or. 97601

Filing Officer Use Only

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3. This financing statement covers the following types (or items) of property:

(The goods are to become fixtures on _____) (The goods are to become fixtures on _____)

minerals or the like (including _____) (Strike what is inapplicable) (Describe real estate)

Floor insulation, water pipes insulated, HVAC duct insulation, storm windows installed and attached to residence at 246 Soquel St., Klamath Falls, Or., further described as Lot 4, Blk 49, Buena Vista, Klamath County, Oregon Deed #M77-21472

And the financing statement is to be filed in the real estate records. If the debtor does not have an interest of records, the name of record owner is:

Check box if products of collateral are also covered ☒No. of additional sheets attached ☐File with: ☒ COUNTY REAL ESTATE FILING OFFICER Klamath COUNTY

C P NATIONAL CORPORATION

By: Robert P. Henderson
Signature of Debtor(s)
Signature of Secured Party(ies) or Assignee(s)

*Signature(s) of Debtor(s) required in most cases.

Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.

FILING OFFICER - ALPHABETICAL This form of Financing Statement approved by Secretary of State.
STANDARD FORM-UNIFORM COMMERCIAL CODE-FORM UCC-1ASTEVENS NESS LAW PUBLISHING CO., PORTLAND, OR 97204
12-1-75

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

21954

PURCHASER (PRINT) FIRST NAME Larry		MIDDLE INITIAL D	LAST NAME Toothman	DATE WANTED ASAP	DATE OF ORDER 7-18-80	ACCOUNT NUMBER 27281
SPOUSE FIRST NAME Darleta		MIDDLE INITIAL C	LAST NAME Toothman	SHIP TO (If other than Purchaser) Same		
STREET ADDRESS 246 Soquel St.				CITY Same		PHONE NO. 884-2140
CITY Klamath Falls		STATE Oregon	ZIP CODE 97601	STREET ADDRESS		
CITY Klamath Falls		STATE Oregon	ZIP CODE 97601	CITY		
CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY						
<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (1) 883-2140		SOCIAL SECURITY NUMBER 540-50-2161	NO OF DEPENDENT CHILDREN 3	HOW LONG THIS ADDRESS 3 YRS	<input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING	<input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER STATE U2T		STREET ADDRESS STATE U2T				
MONTHLY MORTGAGE OR RENT PAYMENT \$ 260.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY United Parcel Service		POSITION OR OCCUPATION Feeder Driver		INCOME \$ 2000.00 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS Washington		CITY Klamath Falls	STATE & ZIP CODE Or 97601	HOW LONG 3 YRS	EMPLOYER'S PHONE 883-8751	PAY DAYS Each week
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS						

SELLER:



CP National

RETAIL INSTALLMENT CONTRACT

21954

PURCHASER (PRINT) FIRST NAME Larry		MIDDLE INITIAL D	LAST NAME Toothman	DATE WANTED ASAP	DATE OF ORDER 7-18-80	ACCOUNT NUMBER 27281
SPOUSE FIRST NAME Darleta		MIDDLE INITIAL C	LAST NAME Toothman	SHIP TO (If other than Purchaser) Same		
STREET ADDRESS 246 Soquel St.				C.O. Same		PHONE NO. 884-2140
CITY Klamath Falls		STATE Oregon	ZIP CODE 97601	STREET ADDRESS		
CITY Klamath Falls		STATE Oregon	ZIP CODE 97601	STREET ADDRESS		

CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY.

<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST 18832140	SOCIAL SECURITY NUMBER 540-502161	NO. OF DEPENDENT CHILDREN 3	HOW LONG THIS ADDRESS 3 YRS 3 MOS	<input checked="" type="checkbox"/> BUYING <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER	NAME STATE U-T	STREET ADDRESS	CITY	STATE & ZIP CODE

MONTHLY MORTGAGE OR RENT PAYMENT \$ 260.00	GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS
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PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY UNITED Parcel Service	POSITION OR OCCUPATION Feeder Driver	INCOME \$ 900.00 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS Washburn	CITY Klamath Falls	STATE & ZIP CODE OR 97601
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS	HOW LONG 3 YRS 3 MOS	EMPLOYER'S PHONE 8838781

<input checked="" type="checkbox"/> SPOUSE'S EMPLOYER Housewife	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 7-24-80
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STREET ADDRESS	CITY	EMPLOYER'S PHONE	POSITION OR OCCUPATION	INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
SOURCES OF OTHER INCOME				

BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME OF BANK 1st Nat. Bank	STREET ADDRESS Campus Drive	CITY K.F.
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NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
1. AUTO LOAN P.F.C.		K Falls	\$ 67.00	\$ 236
2.				
3.				

DESCRIPTION				TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input type="checkbox"/>			1. LIST PRICE	\$ 1810.00
sq. ft.	R-Value	@	per sq. ft.	2. SALES TAX	\$ -0-
FLOOR SIDEWALL INSULATION				3. SHIPPING & HANDLING	\$ -0-
1436 sq. ft.	R-Value 19	@	BID per sq. ft.	4. CASH PRICE (1+2+3)	\$ 1810.00
				5. CASH DOWN PAYMENTS	
INSULATE WATER PIPES				PART A - Paid with order	\$ 17.00
TAPE DUCT JOINTS & INSULATE DUCTS				PART B - To be paid on delivery (C.O.D.)	
INSTALL STORM WINDOWS PER BID				Tax	\$ -0-
GREEN FILING FEE \$7.00. RECORDING FEE 10.00				Plus	\$ -0-
				6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 17.00
				7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1793.00
				8. FINANCE CHARGE ANNUAL PERCENTAGE RATE	\$ 311.80
				9. TOTAL OF PAYMENTS (7 + 8)	\$ 2104.80
				10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 2121.80
				PAYABLE IN 60 EQUAL MONTHLY PAYMENTS \$ 35.08 EACH, PLUS A FINAL \$ -0- PAYMENT.	
				FIRST PAYMENT DUE ON OR ABOUT 30 DAYS AFTER DELIVERY AND MONTHLY THEREAFTER.	
				FINANCE CHARGE APPLIES FROM 30 DAYS PRIOR TO FIRST PAYMENT DUE DATE.	
				Purchaser agrees to pay a delinquency charge of 1 1/4% of the unpaid amount of any installment when any such installment is unpaid for 10 days or more after its due date.	

DELIVERY DATE	<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY <input checked="" type="checkbox"/> BUDGET
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NOTICE TO CUSTOMER: (1) Do not sign this before you read it or if it contains any blank spaces. (2) You are entitled to an exact copy of any agreement you sign. (3) You have the right at any time to pay in advance the unpaid balance due under this agreement and you may be entitled to a partial refund of the finance charge computed as of the installment date nearest the date of prepayment based upon the Rule of 78. No refund of less than \$1.00 will be made. (4) You, the buyer, may cancel this transaction at any time prior to midnight of the fourth business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. (5) This contract is also a notice of intent to lien at any time CP National should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

ROBERT P. HARDIMAN

ACCEPTED & EXECUTED FOR CP National

BY: **[Signature]** DATE: **7/18/80**

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

12th day of November A.D., 1980 at 2:44 o'clock P.M., and duly recorded in

Vol M80 of Mortgages on page 21953.

I (we) have read this contract and hereby acknowledge receipt of 2 fully completed copies and 2 detachable notices of cancellation. I (we) warrant that all information supplied are complete and accurate.

Purchaser's Signature **Larry Toothman**
Spouse's Signature
Co-Signer's Signature