

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-9A

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

Filing Officer Use Only

M80 page 21955

(The goods are to become fixtures on _____) ~~(The above timber is standing on _____) (The above~~

4A. Assignee of Secured Party(ies) if any:

45. Address of Arr'gee from which security information obtainable:

Check box if products of collateral are also covered ☒

No. of additional sheets attached

File with: ☒ COUNTY REAL ESTATE FILING OFFICER Klamath COUNTY

G P NATIONAL CORPORATION

By: Robert P. Henderson
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-1A

STEVENS NESS LAW PUBLISHING CO., PORTLAND, OR 97204
12-1-75

12-1-75

CP

CP national

RETAIL INSTALLMENT CONTRACT

21956

PURCHASER (PRINT) FIRST NAME Leona		MIDDLE INITIAL J.	LAST NAME Carr		DATE WANTED ON as possible	DATE OF ORDER 2/18/80	ACCOUNT NUMBER 27027
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (If other than Purchaser)		
STREET ADDRESS 1225 Melrose St.				APT NO	C/O		PHONE NO
CITY Portland, Oregon		STATE	ZIP CODE 97201		STREET ADDRESS		
				CITY	STATE	ZIP CODE	
CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY							
<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 832-0675		SOCIAL SECURITY NUMBER 540-03-0002		NO OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 16 YRS 3 MOS		<input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING
<input type="checkbox"/> LANDLORD OR <input type="checkbox"/> MORTGAGE HOLDER Free & Clear Title		NAME		STREET ADDRESS		CITY	STATE & ZIP CODE
MONTHLY MORTGAGE OR RENT PAYMENT \$ 0		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS					
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY Retired		CITY		STATE & ZIP CODE		POSITION OR OCCUPATION Retired	INCOME \$ 386.70
STREET ADDRESS 1825 Melrose St. Khamath Falls, Oregon		CITY		STATE & ZIP CODE		HOW LONG 40 YRS — MOS	EMPLOYER'S PHONE —NA.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS N.A.		CITY		STATE & ZIP CODE		PAY DAYS N.A.	INCOME \$ 386.70

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

21956

PURCHASER (PRINT) FIRST NAME Leona		MIDDLE INITIAL J.	LAST NAME Carr	DATE WANTED ON as possible	DATE OF ORDER 8/18/80	ACCOUNT NUMBER 27227
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (If other than Purchaser)		
STREET ADDRESS 1825 Melrose St.			APT NO	C/O	PHONE NO	
CITY Klamath Falls, Oregon		STATE	ZIP CODE 97601	STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY		

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

<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 882-0675	SOCIAL SECURITY NUMBER 540-03-0002	NO. OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 16 YRS 3 MOS.	<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 type="checkbox"/> MORTGAGE HOLDER		NAME Free & Clear Title				
MONTHLY MORTGAGE OR RENT PAYMENT \$ 0		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY		POSITION OR OCCUPATION Retired		INCOME \$ 386.70		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS 1825 Melrose St.		CITY Klamath Falls, Oregon	STATE & ZIP CODE 97601	HOW LONG 40 YRS. - MOS.	EMPLOYER'S PHONE -NA.	PAY DAYS N.A.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS N.A.						
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S				EMPLOYER		
STREET ADDRESS				CITY	EMPLOYER'S PHONE	POSITION OR OCCUPATION
SOURCES OF OTHER INCOME				INCOME \$		

BANK ACCOUNT	<input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVING	NAME OF BANK U.S. Bank	STREET ADDRESS 790 Main St.	CITY Klamath Falls, Oregon
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)				
NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
1. AUTO LOAN	None		\$	\$
2.			\$	\$
3.			\$	\$

DESCRIPTION		TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	1. LIST PRICE	\$ 1139.40
884 sq. ft.	30R-Value @ 238 ⁰⁰ per sq. ft.	2. SALES TAX	\$ -0-
SIDEWALL INSULATION	sq. ft. R-Value @ per sq. ft.	3. SHIPPING & HANDLING	\$ -0-
		4. CASH PRICE (1+2+3)	\$ 1139.40
		5. CASH DOWN PAYMENTS	
		PART A - Paid with order	\$ 139.40
		PART B - To be paid on delivery (C.O.D.)	
		Tax	\$ -0-
		Plus	\$ -0- = \$ -0-
		6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 139.40
		7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1000 ⁰⁰
		8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5%	\$ 173.24
		9. TOTAL OF PAYMENTS (7 + 8)	\$ 1173.24
		10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 1313.36
		PAYABLE IN 60 EQUAL MONTHLY PAYMENTS \$ 19.52 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.	

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 payment 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: DB Bean DATE: Aug 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 21955.

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
Spouse's
Signature
Co-Signer's

Leona J. Carr

W. A. MILLS County Clerk