

21957

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-1A

- UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-1A**
- PLEASE TYPE THIS FORM.**
1. Enclose fee of \$2.00 for each debtor or trade name shown.
2. 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.
3. 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.
- DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.**
4. The Form UCC-1A should be filed with the county filing officers who record real estate mortgages.
5. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party.
6. 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.
7. 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):

Shirley England

1B. Mailing Address(es):

4221 Gary St.

Klamath Falls, Or. 97601

2A. Secured Party(ies):

C P NATIONAL CORPORATION

2B. Address of Secured Party from which
information obtainable

1011 Main St., POBox 310

Klamath Falls, Or.97601

Filing Officer Use Only

M80 page 21957

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

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

[illegible]

~~XX~~ Strike what is inapplicable) (Describe real estate)

Coiling and floor insulation storm windows grow

ceiling and floor insulation, storm windows, ground cover, water pipe insulation, ducts and radiators, etc.

cover, water pipes insulation, ducts and joints t

and insulated - installed and attached to residen

at 4221 Gary St., Klamath Falls, Or., further des

as Lot 15, Blk 4, Tonatee Homes, 1st Add. Deed #M

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

Check box if products of collateral are also covered ☒

No. of additional sheets attached 1

File with: ☒ COUNTY REAL ESTATE FILING OFFICER Klamath COUNTY

C P NATIONAL CORPORATION

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

By:

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

~~Signature(s) of Debtor(s)~~
Signature of Secured Party(ies) or Assignee(s)

FILING OFFICER - ALPHABETICAL

This form of Financing Statement approved by Secretary of State.

STEVENS-NESS LAW PUBLISHING CO. PORTLAND, OR 97204

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1A

12.1.75

SELLER:

CP
PERSONNEL

CPnational

RETAIL INSTALLMENT CONTRACT

21958

PURCHASER (PRINT) FIRST NAME Shirley		MIDDLE INITIAL	LAST NAME England		DATE WANTED ASAP	DATE OF ORDER	ACCOUNT NUMBER 27296	
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (If other than Purchaser)			
STREET ADDRESS 4221 Gary				APT NO	CITY		PHONE NO	
CITY Klamath Falls, Oregon		STATE	ZIP CODE 97601		STREET ADDRESS			
				CITY	STATE	ZIP CODE		
CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY								
<input checked="" type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 8840194		SOCIAL SECURITY NUMBER 540-56-1878		NO OF DEPENDENT CHILDREN 3		HOW LONG THIS ADDRESS 3 YRS 4 MOS		
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER MONTHLY MORTGAGE OR RENT PAYMENT \$ 247.00		NAME First Federal Savings + Loan		STREET ADDRESS South Sixth		CITY Klamath Falls		
		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS		STATE & ZIP CODE OR 97601				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY Social Security		POSITION OR OCCUPATION		INCOME \$1263.00		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS		CITY	STATE & ZIP CODE	HOW LONG YRS MOS	EMPLOYER'S PHONE		PAY DAYS	
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS								
<input type="checkbox"/> SPOUSE'S EMPLOYER								

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

21958

PURCHASER (PRINT) FIRST NAME Shirley		MIDDLE INITIAL	LAST NAME England	DATE WANTED ASAP	DATE OF ORDER	ACCOUNT NUMBER 27296
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (If other than Purchaser)		
STREET ADDRESS 4221 Gary				APT NO	C O	PHONE NO
CITY Klamath Falls, Oregon		STATE	ZIP CODE 97601	STREET ADDRESS		
				CITY	STATE	ZIP CODE

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

HOME PHONE OR NEAREST (503) 8840194	SOCIAL SECURITY NUMBER 540-56-1820	NO OF DEPENDENT CHILDREN 3	HOW LONG THIS ADDRESS 3 YRS 4 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
LANDLORD OR MORTGAGE HOLDER <input checked="" type="checkbox"/> First Federal Savings + Loan		STREET ADDRESS South Sixth			
MONTHLY MORTGAGE OR RENT PAYMENT \$ 247.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS Klamath Falls Ore 7/60			

PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY Social Security	POSITION OR OCCUPATION	INCOME \$1263.00	<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS	CITY	STATE & ZIP CODE	HOW LONG YRS. MOS.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		EMPLOYER'S PHONE	PAY DAYS

<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S	EMPLOYER	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER → 8-28-80
STREET ADDRESS	CITY	EMPLOYER'S PHONE
SOURCES OF OTHER INCOME		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH

BANK ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME OF BANK	STREET ADDRESS	CITY
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)			
1. AUTO LOAN CIT	STREET ADDRESS	CITY & STATE	PRESENT BALANCE
2. First Federal Savings + Loan	South Sixth	Klamath Falls Ore	\$3,000
3. S.P. Credit Union		Klamath Falls Ore	\$20,000
		Klamath Falls Ore	\$800
			\$144.00
			\$247.00
			\$58.00

DESCRIPTION		TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	1. LIST PRICE	\$ 1705.95
1248 sq. ft.	30 R-Value	2. SALES TAX	\$ -0-
FLOOR	BID	3. SHIPPING & HANDLING	\$ -0-
1008 sq. ft.	19 R-Value	4. CASH PRICE (1+2+3)	\$ 1705.95
INSTALL GROUND COVER PER BID	100.00	5. CASH DOWN PAYMENTS	
INSULATE WATER PIPES PER BID	60.00	PART A - Paid with order	\$ 17.00
INSULATE DUCTS AND TAPE JOINTS	240.00	PART B - To be paid on delivery (C.O.D.)	
INSTALL STORM WINDOWS PER BID	459.95	Tax	\$ -0-
FILING FEE AND RECORDING FEE	17.00	Plus	\$ -0-
		6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 17.00
		7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1688.95
		8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5%	\$ 612.45
		9. TOTAL OF PAYMENTS (7 + 8)	\$ 2301.40
		10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 2318.60
		PAYABLE IN 120 EQUAL MONTHLY	
		PAYMENTS \$ 19.18 EACH, PLUS	
		A FINAL \$ -0- PAYMENT.	

DELIVERY DATE	<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY <input checked="" type="checkbox"/> BUDGET
---------------	--

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 CPnational should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

R. P. Hardiman

ACCEPTED & EXECUTED FOR CPnational

BY: **[Signature]** DATE: **9/26/80**

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 **21957**

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

Shirley A England