

| 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. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM. 5. The Form UCC-1A should be filed with the county filing officers who record real estate mortgages. 6. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party. 7. 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. 8. 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): <p style="font-size: 1.2em;">Richard W. Graham</p> 1B. Mailing Address(es): <p style="font-size: 1.2em;">2255 Darrow St. Klamath Falls, Or. 97601</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">2A. Secured Party(ies):</th> <th style="padding: 5px; font-weight: normal;">Filing Officer Use Only</th> </tr> <tr> <td style="padding: 5px;">C P NATIONAL CORPORATION</td> <td></td> </tr> <tr> <td style="padding: 5px;"> 2B. Address of Secured Party from which security information obtainable: <p style="font-size: 1.2em;">1011 Main St., PO Box 310 Klamath Falls, Or. 97601</p> </td> <td style="padding: 5px; vertical-align: middle; text-align: center;"> <p style="font-size: 1.2em;">M80 page 21961</p> </td> </tr> </table> | 2A. Secured Party(ies): | Filing Officer Use Only | C P NATIONAL CORPORATION | | 2B. Address of Secured Party from which security information obtainable: <p style="font-size: 1.2em;">1011 Main St., PO Box 310 Klamath Falls, Or. 97601</p> | <p style="font-size: 1.2em;">M80 page 21961</p> |
| 2A. Secured Party(ies): | Filing Officer Use Only | | | | | | |
| C P NATIONAL CORPORATION | | | | | | | |
| 2B. Address of Secured Party from which security information obtainable: <p style="font-size: 1.2em;">1011 Main St., PO Box 310 Klamath Falls, Or. 97601</p> | <p style="font-size: 1.2em;">M80 page 21961</p> | | | | | | |
| 3. This financing statement covers the following types (or items) of property: (The goods are to become fixtures on _____) (The above timber is standing on _____) (The above XX XX XX (Strike what is inapplicable) (Describe real estate) <p style="font-size: 1.2em;">Ceiling insulation, 14 storm windows installed and attached to residence at 2255 Darrow St., Klamath Falls, Oregon, further described as Lot 573 Block 115 Mills Addition, Klamath County, Oregon Deed #M 76-10016.</p> <p style="font-size: 0.8em;">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:</p> | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> Check box if products of collateral are also covered <input checked="" type="checkbox"/> No. of additional sheets attached 1 </div> | | | | | | | |
| File with: X COUNTY REAL ESTATE FILING OFFICER Klamath COUNTY | | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p style="font-size: 0.8em;">*Signature(s) of Debtor(s) required in most cases.</p> <p style="font-size: 0.8em;">Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.</p> </div> <div style="width: 50%; text-align: right;"> <p style="font-size: 1.2em; margin-bottom: -10px;">C P NATIONAL CORPORATION</p> <p style="font-size: 1.5em; margin-bottom: -10px;"><i>[Handwritten Signature]</i></p> <p style="margin-top: 10px;">BY: _____ Signature of Secured Party(ies) or Assignee(s)</p> </div> </div> | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--|--|------------------------------------|--|--------------------------------------|--|---|-------|--|----------|---|--|---------------------------|--|
| SELLER: <div>CP</div> | | CPnational | | RETAIL INSTALLMENT CONTRACT | | 21962 | | | | | | | | | |
| PURCHASER (PRINT) FIRST NAME RICHARD | | MIDDLE INITIAL W | | LAST NAME GRAHAM | | DATE ORDERED ASAP | | DATE OF ORDER 8-13-80 | | ACCOUNT NUMBER 21269 | | | | | |
| SPOUSE FIRST NAME RICHARD LINDA | | MIDDLE INITIAL D | | LAST NAME GRAHAM | | SHIP TO (If other than Purchaser) | | | | | | | | | |
| STREET ADDRESS 2255 PARKWAY | | | | | | APT NO | | | C-O | | | PHONE NO | | | |
| CITY K FALLS | | STATE OR | | 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) 882-6944 | | SOCIAL SECURITY NUMBER 542-54-9193 | | NO OF DEPENDENT CHILDREN 3 | | HOW LONG THIS ADDRESS 4 YRS 2 MOS | | <input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING | | <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM | | <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME | | | |
| <input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER NAME AMFMC MORTGAGE | | STREET ADDRESS RD. 1420 | | | | | | | | | | CITY PORTLAND OR | | STATE & ZIP CODE 97207 | |
| MONTHLY MORTGAGE OR RENT PAYMENTS 205 46 | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS SAME | | | | | | | | | | | | | |
| PURCHASER'S EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY Klamath Co | | SELF EMPLOYED (STATE TYPE OF BUSINESS) EMPLOYED BY | | POSITION OR OCCUPATION SURVEYOR | | INCOME \$ 1164 | | <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH | | | | | | | |
| STREET ADDRESS 2255 B VETERAN BLDG | | CITY K FALLS | | STATE & ZIP CODE 97601 | | HOW LONG 4 YRS MOS | | EMPLOYER'S PHONE 8822-501 | | PAY DATES 05 OF MONTH | | | | | |
| GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S | | EMPLOYER CAG | | | | | | | | | | | | | |
| INSERT DATE OF 4TH BUSINESS DAY | | | | | | | | | | | | | | | |

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

21962

| | | | | | | |
|--|--|----------------------------|----------------------------|-----------------------------------|---------------------------------|--------------------------------|
| PURCHASER (PRINT) FIRST NAME RICHARD | | MIDDLE INITIAL W | LAST NAME GRAHAM | DATE ORDERED ASAP | DATE OF ORDER 8-13-80 | ACCOUNT NUMBER 27269 |
| SPOUSE FIRST NAME RICHARD LINDA | | MIDDLE INITIAL D | LAST NAME GRAHAM | SHIP TO (If other than Purchaser) | | |
| STREET ADDRESS 2255 DARROW | | | | C/O | | PHONE NO |
| CITY K FALLS | | STATE OR | 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) 882-6944 | SOCIAL SECURITY NUMBER 542-54-9193 | NO OF DEPENDENT CHILDREN 3 | HOW LONG THIS ADDRESS 4 YRS 2 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 checked="" type="checkbox"/> MORTGAGE HOLDER | | STREET ADDRESS AMFAL MORTGAGE P.D. 1420 PORTLAND OR 97207 | | | |
| MONTHLY MORTGAGE OR RENT PAYMENT \$ 205 | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS SAME | | | |
| PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY KLAMATH COUNTY | | POSITION OR OCCUPATION SURVEYOR | | INCOME \$1164.00 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH | |
| STREET ADDRESS 2255 D VETERAN BLVD | | CITY K FALLS | STATE & ZIP CODE OR 97601 | HOW LONG 4 YRS. | EMPLOYER'S PHONE 8822501 |
| GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS | | PAY DAYS 05 OF MONTH | | | |

| | | | |
|---|----------------------------|--|---|
| <input checked="" type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S | EMPLOYER SAFEWAY | INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 8-19-80 | |
| STREET ADDRESS 9TH & PINE | | CITY K FALLS | STATE OR |
| SOURCES OF OTHER INCOME | | EMPLOYER'S PHONE 88 | POSITION OR OCCUPATION MEATCUTTER |
| | | INCOME \$1400.00 | <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH |

| | | | |
|--|--------------------------------|---|------------------------------------|
| BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME OF BANK US NATL | STREET ADDRESS 7 E C BRANCH | CITY K FALLS |
| WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS) | | | |
| 1. AUTO LOAN | NAME SAFEWAY C.U. | STREET ADDRESS 2537 S.W. HAWTHORNE BLVD | CITY & STATE PORTLAND OR |
| | | | PRESENT BALANCE \$3700 |
| | | | MONTHLY PAYMENT \$139.00 |
| 2. | KLAMATH EMP C.U. | 3737 SHASTA WAY | KLAMATH FALLS OR |
| | | | \$4700 |
| | | | \$123.00 |
| 3. | WARD'S | SHASTA PLAZA | " |
| | | | \$1500.00 |
| | | | \$75.00 |

| DESCRIPTION | TERMS OF SALE |
|---|--|
| CEILING INSULATION New <input checked="" type="checkbox"/> Add-On <input checked="" type="checkbox"/> 1098 sq. ft. R-Value 30 @ 264.00 | 1. LIST PRICE \$1480 |
| SIDEWALL INSULATION sq. ft. R-Value @ per sq. ft. | 2. SALES TAX \$0.00 |
| 14 STORM WINDOWS INSTALLED 1152.80 | 3. SHIPPING & HANDLING \$0.00 |
| CAULKING OF WINDOWS & DOORS 33.00 | 4. CASH PRICE (1+2+3) \$1480 |
| RECORDING & FILING FEE 17.00 | 5. CASH DOWN PAYMENTS |
| REPLACE BROKEN GLASS 13 ²⁰ PAID WITH 13.20 | PART A - Paid with order \$30.20 |
| THIS CONTRACT BY CUSTOMER | PART B - To be paid on delivery (C.O.D.) |
| | Tax \$0.00 |
| | Plus \$0.00 = \$0.00 |
| | 6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$30.20 |
| | 7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$1449.80 |
| | 8. FINANCE CHARGE ANNUAL PERCENTAGE RATE \$252.90 |
| | 9. TOTAL OF PAYMENTS (7 + 8) \$1702.20 |
| | 10. DEFERRED PAYMENT PRICE (4 + 8) \$1732.40 |
| | PAYABLE IN 60 EQUAL MONTHLY PAYMENTS \$28.37 EACH, PLUS A FINAL \$0.00 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 \$10.00 per month on the unpaid amount of any installment when each installment is unpaid for 10 days or more after its due date. |

DELIVERY DATE

☐ CASH ☐ 3-PAY
☒ 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 CP national should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

R. P. HARRIS

ACCEPTED & EXECUTED FOR CP national

BY: **R. P. Harris** DATE: **8.13.80**

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 November on page 21961

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 **[Signature]**
 Spouse's Signature **[Signature]**
 Co-Signer's Signature **[Signature]**