

INSTRUCTIONS: **92438** **'80 NOV 12 PM 2 44** **Vol. M80 Page 21963**

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-1A **STATE OF OREGON**

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): **Harry McMahon**

1B. Mailing Address(es): **1746 Burns 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., P O Bx 310
Klamath Falls, Or. 97601**

3. This financing statement covers the following types (or items) of property:
(The goods are to become fixtures on _____) (The goods are to be used in the business of _____) (The goods are to be used in the business of _____) (Strike what is inapplicable) (Describe real estate)
Floor and water pipes insulation, HVAC duct insulation, and duct joints taped - installed and attached to residence at 1746 Burns St., Klamath Falls, Oregon, further described as Lot 2, Block A Homecrest, Klamath County, Oregon Deed #M774160

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

4B. Address of Assignee 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**

*Signature(s) of Debtor(s) required in most cases.
Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.
C P NATIONAL CORPORATION
By: **Robert J. [Signature]**
Signature of Secured Party(ies) or Assignee(s)

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

SELLER: CP C Pnational **RETAIL INSTALLMENT CONTRACT** **21964**

PURCHASER (PRINT) FIRST NAME Harry		MIDDLE INITIAL	LAST NAME McMahon	DATE WANTED ASAP	DATE OF ORDER	ACCOUNT NUMBER 27225
SPCUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (If other than Purchaser)		
STREET ADDRESS 1746 Bruns St				APT NO n/a	C. O.	PHONE NO 882-9026
CITY Klamath Falls, Oregon		STATE	ZIP CODE 97601	STREET ADDRESS		
CITY Klamath Falls				STATE Or	ZIP CODE 97601	

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

<input checked="" type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST	SOCIAL SECURITY NUMBER 555-01-9142	NO OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 3 YRS 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 1st. Klamath St-LASSX	STREET ADDRESS 1011 Main St.	CITY Klamath Falls	STATE & ZIP CODE OR-97601	
MONTHLY MORTGAGE OR RENT PAYMENT \$	GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				

PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS)	POSITION OR OCCUPATION RETIRED - CIV. SER	INCOME \$1431.00 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS US CIV. SERVICE COMM. WASHINGTON DC	CITY WASHINGTON DC	STATE & ZIP CODE
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS	HOW LONG 8 YRS MOS	EMPLOYER'S PHONE

SELLER:



CP National

RETAIL INSTALLMENT CONTRACT

21964

PURCHASER (PRINT) FIRST NAME Harry		MIDDLE INITIAL	LAST NAME McMahon	DATE WANTED ASAP	DATE OF ORDER	ACCOUNT NUMBER 27225
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CITY Klamath Falls, Oregon		STATE	ZIP CODE 97601	STREET ADDRESS		
CITY Klamath Falls				STATE Or	ZIP CODE 97601	

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) 882-9026	SOCIAL SECURITY NUMBER 555-01-9142	NO OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 3 YRS 0 MOS	<input checked="" type="checkbox"/> BUYING <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM
<input type="checkbox"/> LANDLORD OR <input type="checkbox"/> MORTGAGE HOLDER	NAME 1st. Klamath St. Lassix	STREET ADDRESS MAIN ST. Klamath Falls OR - 97601	CITY	STATE & ZIP CODE
MONTHLY MORTGAGE OR RENT PAYMENT \$	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 - CIV SERV	INCOME \$ 1431.00	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
STREET ADDRESS US CIV. SERVICE COMM WASHINGTON DC	CITY WASHINGTON DC	STATE & ZIP CODE	HOW LONG 8 YRS 0 MOS
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		EMPLOYER'S PHONE	PAY DAYS

<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> EMPLOYER	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER →		
<input type="checkbox"/> CO-SIGNER'S	STREET ADDRESS	CITY	EMPLOYER'S PHONE

SOURCES OF OTHER INCOME	POSITION OR OCCUPATION	INCOME \$	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
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BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVING	NAME OF BANK US NAT. BANK OF OR.	STREET ADDRESS TOWN & COUNTRY BR. Klamath Falls	CITY
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WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)			
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1. AUTO LOAN	NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
1	GMAC		EUGENE OR	\$ 3500.00	\$ 123.32
2	PTMUGU Fed CR Union	Point Mugu CA		\$ 1000.00	\$ 50.00
3				\$	\$

DESCRIPTION				TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input type="checkbox"/>			1. LIST PRICE	\$ 815
sq. ft.	R-Value	@	per sq. ft.	2. SALES TAX	\$ -0-
SIDEWALL INSULATION				3. SHIPPING & HANDLING	\$ -0-
sq. ft.	R-Value	@	per sq. ft.	4. CASH PRICE (1+2+3)	\$ 815
Insulate floor to R-19			506.00	5. CASH DOWN PAYMENTS	
Insulate Water Pipes			92.00	PART A — Paid with order	\$ 17.00
Tape duct joints			35.00	PART B — To be paid on delivery (C.O.D.)	
Insulate ducts			165.00	Tax \$	
Lien prep. (\$10) Filing Fees (\$7)			17.00	Plus \$ = \$ -0-	
LIST PRICE				6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 17.00
				7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 798.00
				8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5 %	\$ 138.60
				9. TOTAL OF PAYMENTS (7 + 8)	\$ 936.60
				10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 953.60
DELIVERY DATE				PAYABLE IN 60 EQUAL MONTHLY	
<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY				PAYMENTS \$ 15.61 EACH, PLUS	
<input type="checkbox"/> BUDGET				A FINAL \$ -0- PAYMENT.	

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

ACCEPTED & EXECUTED FOR CP National
BY: **Bean** DATE: **5/21/80**

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 21963

Fee \$7.00

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 **Harry V. McMahon**
Spouse's Signature
Co-Signer's

WM. AD. MILNE, County Clerk