

INSTRUCTIONS:

1. PLEASE TYPE THIS FORM

UNIFORM COMMERCIAL CODE STATE OF OREGON

STATE OF OREGON

Vol. M80 Page 23218
 ERTY—FORM UCC-7A

PLEASE TYPE THIS FORM. UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-3A

1. Enclose fee of \$2.00 for each debtor/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.

4. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.

5. The Form UCC-3A 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 (UCC-3A as a Termination Statement).

THIS FINANCING STATEMENT is presented to filing officer _____

Debtor(s) _____

Secured Party(ies) _____

Vol. M80 Page 23218

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

1A. Debtor(s):
RALPH BURKE, JR.

18. Mailing Address(es):
24 231 MODOC ST
4 111 KLAMATH FALLS, OR. 97601

2A. Secured Party(ies):
C P NATIONAL CORPORATION

Filing Officer Use Only

28. Address of Secured Party from which security information obtainable:
1011 MAIN ST, P O BOX 310
KLAMATH FALLS, OR. 97601

3. The financing statement covers the following types (or items) of property:
 (The goods are to become fixtures on _____)
 (The goods are to become fixtures on _____)
 (The goods are to become fixtures on _____)
 (The goods are to become fixtures on _____)
 (The goods are to become fixtures on _____)

Ceiling and floor insulation, (Strike what is inapplicable) (Describe real estate)
 ground cover, water pipes insulation, attic ventilation,
 windows installed at 2231 Modoc St., Klamath Falls
 97601, further described as Lot 4 Block 11,
 North Klamath Falls Deed M73-11718 M73-11719
 and the financing statement is to be filed in the real estate records, if the
 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 OFFICE Klamath COUNTY

*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

C P NATIONAL CORPORATION

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

STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of December, 1938.

1st day of December A.D., 1980 at 11:24 o'clock A M., and duly recorded in Vol M80 of MORTGAGES on page 23218

Fee \$ \$ 3.50

WM. D. MILNE, County Clerk
By Jacqueline J. Metter Deputy

SELLER:

CP

CPnational

93184

RETAIL INSTALLMENT CONTRACT

RETAIL INSTALLMENT CONTRACT
Vol. 1180 Page 23219

PURCHASER (PRINT) FIRST NAME Ralph		MIDDLE INITIAL	LAST NAME Burke Jr.		DATE WANTED ASAP	DATE OF ORDER 9/29/80	ACCOUNT NUMBER 27-02477-21/15	
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (If other than Purchaser)			
STREET ADDRESS 2231 Modoc St.					APT NO			
CITY Klamath Falls,		STATE Oregon		ZIP CODE 97601	C/O		PHONE NO	
					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		SOCIAL SECURITY NUMBER 544-46-6273		NO. OF DEPENDENT CHILDREN		HOW LONG THIS ADDRESS 7 YRS MOS		<input checked="" type="checkbox"/> BUYING
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME Sea First Mors.		STREET ADDRESS 4th & Blanchard		CITY Seattle		<input checked="" type="checkbox"/> HOUSE
MONTHLY MORTGAGE OR RENT PAYMENT \$ 1266		GIVE ALL PREVIOUS ADLESSES AND TO						<input type="checkbox"/> CONDOMINIUM
								<input type="checkbox"/> APARTMENT
								<input type="checkbox"/> MOBILE HOME
								STATE & ZIP CODE WA 98121