

INSTRUCTIONS:

PLEASE TYPE THIS FORM. UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—REAL PROPERTY—FORM UCC-1A

1. Enclose fee of \$3.00 per name listed plus \$2.00 per item listed. The Debtor(s) and Secured Party(ies) copies are retained by party making the filing. If the space provided for the filing 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.

2. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM. The Form UCC-1A should be filed with the county filing officer who record real estate mortgages. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party. 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. 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.

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

4. Debtor(s):

RENEE CHAPMAN

5. Mailing Address(es):

810 DOTY ST.

KLAMATH FALLS, OR. 97601

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

(The goods are to become fixtures on:)

CEILING AND FLOOR INSULATION, WATER PIPES INSULATED, stripped cover and storm windows installed, & doors weather-

described at the residence at 810 Doty St., otherwise-

Deed #M 80 13738

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:

Check box if products of collateral are also covered ☐

File with: ☒ COUNTY REAL ESTATE FILING OFFICER Klamath COUNTY

No. of additional sheets attached ☐

*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

STANDARD FORM—UNIFORM COMMERCIAL CODE

This form of Financing Statement approved by Secretary of State.

By: R. P. Hardman

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

STEVEN HESS LAW PUBLISHING CO., PORTLAND, OR. 97204

9/4/79

94644

STATE OF OREGON

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

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2A. Secured Party(ies):

C P NATIONAL CORPORATION

2B. Address of Secured Party from which security information obtainable:

1011 MAIN STREET

KLAMATH FALLS, OR. 97601

Filing Officer Use Only

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

4B. Address of Assignee from which security information obtainable:



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| | | | | | | |
|--|--|---------------------------|-----------------------------|--|---------------------------------|--------------------------------|
| PURCHASER (PRINT) FIRST NAME Renee | | MIDDLE INITIAL | LAST NAME Chapman | DATE WANTED | DATE OF ORDER 11/6/80 | ACCOUNT NUMBER 27339 |
| SPOUSE FIRST NAME | | MIDDLE INITIAL | LAST NAME | SHIP TO (If other than Purchaser) | | |
| STREET ADDRESS 810 Doty | | | APT. NO. | C/O | PHONE NO. | |
| CITY Klamath Falls | | STATE Oregon | ZIP CODE 97601 | STREET ADDRESS | | |
| CITY | | STATE | ZIP CODE | CITY STATE ZIP CODE | | |

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

| | | | | | | | |
|--|---|---|---|--|-------------------------------------|---|---|
| HOME PHONE OR NEAREST (503) 884-9770 | | SOCIAL SECURITY NUMBER 572-02-902 | NO. OF DEPENDENT CHILDREN 0 | HOW LONG THIS ADDRESS YRS 7 MOS | | <input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING | <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME |
| <input type="checkbox"/> LANDLORD OR MORTGAGE HOLDER | | NAME First National Bank of Or. | | STREET ADDRESS Main St | | CITY K. Falls | STATE & ZIP CODE 97601 |
| MONTHLY MORTGAGE OR RENT PAYMENT \$ 263.00 | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS 320 Damont, K. Falls | | | | | |
| PURCHASER'S EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY U.S. Postal Service | SELF EMPLOYED (STATE TYPE OF BUSINESS) Letter Carrier | | POSITION OR OCCUPATION Letter Carrier | | INCOME \$800.00 | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH | |
| STREET ADDRESS 810 Doty | | CITY K. Falls | STATE & ZIP CODE 97601 | HOW LONG YRS 4 MOS | EMPLOYER'S PHONE 882-7761 | PAY DAYS every 2 wks | |
| GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS Bakers Nursery | | | | | | | |
| STREET ADDRESS 6200 So 6th | | | | | | | |
| <input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S | | EMPLOYER'S NAME AND CONDITIONS FOR WENCHUINDISE | | INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER | | 13th Nov. | |
| STREET ADDRESS | | CITY | STATE & ZIP CODE | EMPLOYER'S PHONE | POSITION OR OCCUPATION | INCOME \$900 | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH |
| SOURCES OF OTHER INCOME | | INCOME \$ | | INCOME \$ | | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH | |
| BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME OF BANK Klamath Public Emp. Credit Union | | STREET ADDRESS K. Falls, Or. | | CITY | | |
| 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 | | | | | | | |
| 2. Credit Union | | Shasta & Alameda | | K. Falls, Or. | | \$650.00 | \$70.00 |
| 3. | | | | | | | |

| DESCRIPTION | TERMS OF SALE |
|--|--|
| CEILING INSULATION New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/> 757 sq. ft. 30 R-Value 6 per sq. ft. 120.00 | 1. LIST PRICE \$1594.00 |
| FLOOR WALL INSULATION 750 sq. ft. 19 R-Value 6 per sq. ft. 450.00 | 2. SALES TAX \$0.00 |
| INSTALL Ground Cover 7.50 | 3. SHIPPING & HANDLING \$0.00 |
| INSULATE WATER PIPES 40.00 | 4. CASH PRICE (1+2+3) \$1594.00 |
| INSTALL Storm Windows 851.00 | 5. CASH DOWN PAYMENTS |
| WEATHERSTRIP Doors 41.00 | PART A - Paid with order \$172.00 |
| RECORDING & FILING FEES 17.00 | PART B - To be paid on delivery (C.O.D.) |
| LIST PRICE 1594.00 | Tax \$0.00 |
| | Plus \$0.00 = \$0.00 |
| | 6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$17.00 |
| | 7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$1577.00 |
| | 8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5% \$572.23 |
| | 9. TOTAL OF PAYMENTS (7 + 8) \$2149.23 |
| | 10. DEFERRED PAYMENT PRICE (4 + 8) \$2166.20 |
| | PAYABLE IN 120 EQUAL MONTHLY PAYMENTS \$17.91 EACH, PLUS A FINAL \$0.00 PAYMENT. |

| | |
|---------------|--|
| DELIVERY DATE | <input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY |
| BUDGET \$110 | |

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.

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.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

R. P. Harmon

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 R. P. Harmon