

94645

STATE OF OREGON

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 FD-302 (Rev. 11-27-70)

INSTRUCTIONS

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

1. **PLEASE TYPE THIS FORM** (Official Form UCC-3A, 1999)
2. Enclose fee of \$2.00 for each debtor or trade name shown.
3. Send the "Alphabetical/Numerical" Acknowledgment copies with interleaved carbon paper intact to the filing officer. The Debtor(s) and Secured Party(ies) copies are retained by the filing officer.
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-3A should be filed with the county filing officer who records 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 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):

TOM R. DOROW

2A. Secured Party(ies)

C. P. NATIONAL CORPORATION

Filing Officer Use Only

1B. Mailing Address(es):

6224 WINEMA WAY
K I A M A T H FALLS, OR 97601

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

1011 MAIN STREET
KLAMATH FALLS, OR. 97601

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

(The goods are to become fixtures on

~~REAL PROPERTY AND PERSONAL PROPERTY OF DECEASED~~ (Strike what is inapplicable) (Describe real estate)

(Strike what is inapplicable) (Describe real estate)

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

43. Address of Assignee from which security information obtainable:

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

No. of additional sheets attached **1**

File with:

COUNTY REAL ESTATE FILING OFFICER KLAMATH COUNTY

~~C. P. NATIONAL~~

BY:

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

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

This form of Financing Statement approved by Secretary of State.

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

12-1-75

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

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PURCHASER (PRINT) FIRST NAME Tom		MIDDLE INITIAL R.	LAST NAME Dorow	DATE WANTED	DATE OF ORDER	ACCOUNT NUMBER 27249
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (If other than Purchaser)		
STREET ADDRESS 6224 Winema Way				APT. NO.	C/O	PHONE NO.
CITY Klamath Falls,		STATE Oregon	ZIP CODE 97601	STREET ADDRESS		
CITY		STATE	ZIP CODE			

HOME PHONE OR NEAREST 503-882-1443		SOCIAL SECURITY NUMBER 565-82-2849	NO. OF DEPENDENT CHILDREN 2	HOW LONG THIS ADDRESS 2 YRS. 3 MOS.	☒ BUYING ☐ RENTING	☐ HOUSE ☐ APARTMENT	☐ CONDOMINIUM ☐ MOBILE HOME
☐ LANDLORD OR ☒ MORTGAGE HOLDER		STREET ADDRESS					
MONTHLY MORTGAGE OR RENT PAYMENT \$349.00		STATE & ZIP CODE					

PURCHASER'S EMPLOYMENT ☒ SELF-EMPLOYED (STATE TYPE OF BUSINESS) MASON		POSITION OR OCCUPATION EXC.	INCOME \$350.00	☒ WEEK ☐ MONTH
STREET ADDRESS 6224 Winema Way		CITY Klamath Falls	STATE & ZIP CODE OR 97601	HOW LONG 2 YRS. 3 MOS.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		EMPLOYER'S PHONE 100-164639		

☒ SPOUSE'S ☐ CO-SIGNER'S		EMPLOYER NAME, TYPE AND CONDITIONS FOR MERCHANDISE NONE	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 9-26-80
STREET ADDRESS		CITY	STATE & ZIP CODE

BANK ACCOUNT ☒ CHECKING ☐ SAVING		NAME OF BANK U.S. NATIONAL	STREET ADDRESS Shasta 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	2. MORTGAGE	3. KIAMATH 1st Fed	4. MORTGAGE LOAN	5. SHASTA BRANCH	6. K FALLS, OR.	PRESENT BALANCE	MONTHLY PAYMENT
Ford Motor Credit	P.O. Box C-34999	SEATTLE, WASH.	\$18,000	\$85.16			
Mont Wards	P.O. Box 3007	Portland, OR	\$529.00	\$22.00			
KIAMATH 1st Fed	Shasta Branch	K Falls, OR.	\$34,000	\$349.00			

DESCRIPTION	TERMS OF SALE
CEILING INSULATION New ☐ Add-On ☐ sq. ft. R-Value per sq. ft.	1. LIST PRICE \$982.00 2. SALES TAX \$-0- 3. SHIPPING & HANDLING \$-0- 4. CASH PRICE (1+2+3) \$982.00
SIDEWALL INSULATION sq. ft. R-Value per sq. ft.	5. CASH DOWN PAYMENTS PART A - Paid with order \$17.00 PART B - To be paid on delivery (C.O.D.)
INSTALL STORM WINDOWS PERMANENT	6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$17.00
RECORDING AND FILING FEE	7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$965.00
	8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 5% \$350.20
	9. TOTAL OF PAYMENTS (7 + 8) \$1,315.20
	10. DEFERRED PAYMENT PRICE (4 + 8) \$1,332.20

DELIVERY DATE	☐ CASH ☐ 3-PAY	LIST PRICE \$982.00
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NOTICE TO CUSTOMER: (1) Do not sign this before you read it or 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. L. Harrison

ACCEPTED & EXECUTED

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