

FINANCING STATEMENT is prepared in filing office for filing pursuant to the Uniform Commercial Code.

1. Maturity Date:
(if any)

2. Debtor(s):

William D. & Linda McCabe

3A. Secured Party(ies):

C P National Corporation

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

1011 Main St - P. O. Box 310
Klamath Falls, Or 97601

Filing Office (date, time, number and filing office):

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3. Mailing Address(es):

79 High Street
Klamath Falls, Or 97601

4. This financing statement covers the following types (or items) of property. (If collateral is crops growing or to be grown, or goods which are or are to become fixtures, give description reasonably identifying the real estate.):

97047

Twenty-three (23) storm windows and attic insulation installed and attached to residence at 79 High Street, Klamath Falls, Oregon, as recorded on Pages 11555 & 11557, Volume M-78, Book of Deeds, Klamath County, Oregon.

5A. Assignee of Secured Party(ies), if any:

5B. Address of Assignee from which security information obtainable:

Check ☒ If covered: ☐ Proceeds of Collateral are also covered. ☐ Products of Collateral are also covered. No. of additional sheets attached 1

Filed with: ☐ SECRETARY OF STATE:

☐ RECORDER

☒ COUNTY CLERK OF Klamath COUNTY:

C P National Corporation

By: _____ Signature(s) of Debtor(s)

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

FILING OFFICER - ALPHABETICAL

This form of financing statement is approved by the Secretary of State.

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1—Stevens-Ness Law Publishing Co., Portland 4, Ore.



1011 MAIN ST, Klamath Falls, Or 884-5175

PURCHASER (PRINT) FIRST NAME Doug		MIDDLE INITIAL	LAST NAME McCabe		DATE WANTED: ASAP	DATE OF ORDER 1-7-81	ACCOUNT NUMBER 27368
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (If other than Purchaser) Same		
STREET ADDRESS 79 High Street			APT. NO. n/a	C/O Same		PHONE NO. 882-3699	
CITY Klamath Falls, Oregon	STATE	ZIP CODE 97601		STREET ADDRESS Same			
				CITY Same	STATE	ZIP CODE Same	

CREDIT APPLICATION		ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY		CREDIT	
<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST	SOCIAL SECURITY NUMBER	NO. OF DEPENDENT CHILDREN	HOW LONG THIS ADDRESS		<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING
			YRS.	MOS.	<input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT

NAME		STREET ADDRESS	CITY	STATE & ZIP CODE
<input type="checkbox"/> LANDLORD OR <input type="checkbox"/> MORTGAGE HOLDER				

MONTHLY MORTGAGE OR RENT PAYMENTS	GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS
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PURCHASER'S EMPLOYMENT	<input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) 10 MWBBVILLE EXB <input type="checkbox"/> EMPLOYED BY	POSITION OR OCCUPATION: 10 JOB WEB	INCOME \$	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
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STREET ADDRESS	CITY	STATE	ZIP CODE	HOW LONG	EMPLOYER'S PHONE	PAY RATE
60016 101 W 6000th Ave Pe abri St Pe 610002812 sq				522 YRS 10 MOS	1 THE 1010126 2116	OF THE

GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS

SPONSOR'S EMPLOYMENT TERMS AND CONDITIONS FOR MERCHANDISE INSERT DATE OF 4TH BUSINESS DAY 7 12 01

<input type="checkbox"/> CO-EMPLOYER <input type="checkbox"/> CO-SIGNER'S		FOLLOWING THE DATE OF THIS ORDER 1-13-01	
STREET ADDRESS	CITY	EMPLOYER'S PHONE	POSITION OR OCCUPATION INCOME <input type="checkbox"/> WEEK

SOURCES OF OTHER INCOME	Other income (do not include salary or wages from job)	INCOME	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
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BANK ACCOUNT	<input type="checkbox"/> CHECKING	NAME OF BANK	STREET ADDRESS	CITY
		12-100019		

<input type="checkbox"/> SAVING	(INCLUDES ALL LOAN TYPE - CREDIT CARD, HOME EQUITY, AUTO, PERSONAL, BUSINESS, ETC.)					
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)						
	CREDIT ADDRESS	CITY & STATE	PAYMENT BALANCE	MONTHLY PAYMENT		

	NAME	STREET ADDRESS	CITY	STATE		
1: AUTO LOAN		INTERIOR MAILING AND STATIONERY CO INC	NEW YORK	NY	\$	\$

[illegible]

3. Asset			\$	\$
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DESCRIPTION	TERMS OF SALE
1. LIST PRICE	\$2060.50

CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	2. SALES TAX \$	and options
		3. SHIPPING & HANDLING \$	your pay load

1008	sq. ft. Total R-30	R-Value	a Bid per sq. ft.	262.00	4. CASH PRICE (1+2+3)	\$ 2060.50
					5. CASH DOWN PAYMENTS	

SIDEWALL INSULATION	C	The insulation will cover up to 100 sq ft.	(The insulation will cover up to 100 sq ft.)	PARTIAL — Paid	\$ 60.50
				with order	

sq. ft.	R-Value	per sq. ft.	n/a	PART B — To be paid on delivery (C.O.D.)
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23 storm windows installed as per Basin Glass

6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$ 60.50

& ALUMINUM CO. BLDG:	1954-1955	7. AMOUNT FINANCED (4-6)	\$ 2000.00
(UNPAID BALANCE)	1954-1955	8. AMOUNT FINANCED (4-6)	\$ 2000.00

NO. OF REMOVALS		(GROSS BALANCE OF CASH PRICE)	
SUBTOTAL OF GROSS AND SPEC. PURCHASE		FINANCE CHARGE	\$ 725.20

1. <u>DATE OF PURCHASE</u> _____		2. <u>FINANCE CHARGE</u> ANNUAL PERCENTAGE RATE <u>6 1/2</u> %
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<p>9. TOTAL OF PAYMENTS (7 + 8)</p> <p>\$2725.20</p>		<p>RATE <u>2</u> %</p>
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10. DEFERRED PAYMENT: 10%	\$2785.70
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DELIVERY DATE ☐ CASH ☐ 3-PAY ☒ BUDGET

PRICE (4 + 0) \$210.00

PAYABLE IN 120 EQUAL MONTHLY

PAYMENTS \$	22.71	EACH, MONTHLY
FINAL \$	0.00	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.

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 CO action should deem necessary.

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 Boyd, James 2 fully completed copies and 2 detachable notices of cancellation
I (we) warrant that all information supplied are complete and accurate.

Purchaser's Signature

ACCEPTED & EXECUTED FOR C. national Spouse's
BY [Signature] DATE: 11/11/2011 Co-Signer's

Signature _____

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the _____ day of _____, 19____.

12th day of March, A.D., 19 81 at 2:47 o'clock P M., and duly recorded in

Vol M81, of Mortgages on page 4489 .
EVELYN BIEHN
COUNTY CLERK .

Fee \$ 7.00 By Debra A. Jensen deputy

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