

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

3. Maturity Date:
(If any)

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

1A. Debtor(s):

Edgar A. & Peggy J. Soloman

2A. 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

1B. Mailing Address(es):

3906 Coronado Way
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.):

97048

Floor insulation, ground cover vapor barrier, water pipe insulation, and HVAC duct insulation installed and attached to residence at 3906 Coronado Way, Klamath Falls, Oregon, Lot 17, Block 4, 2nd Addition to Sunset Village, as recorded on Page 3579, Volume M-72, Book of Deeds, Klamath County, Oregon

5A. Assignee of Secured Party(ies), if any:
None

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

COUNTY:

Filed with: ☐ SECRETARY OF STATE:

☐ RECORDER



COUNTY CLERK OF Klamath

C P National Corporation

By:

Signature(s) of Debtor(s)

By:

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

FILING OFFICER - ALPHABETICAL

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

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

SELLER:



CP national CP national
P. O. Box 310
Klamath Falls, OR 97601

RETAIL INSTALLMENT CONTRACT

4492

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|--|-------|-----------------------------|-------------------------------|--|---------------------------------|--------------------------------|
| PURCHASER (PRINT) FIRST NAME Edgar | | MIDDLE INITIAL A. | LAST NAME Soloman | DATE WANTED ASAP | DATE OF ORDER 9-26-80 | ACCOUNT NUMBER 27320 |
| SPOUSE FIRST NAME Peggy | | MIDDLE INITIAL J. | LAST NAME Soloman | SHIP TO (if other than Purchaser) same | | |
| STREET ADDRESS 3906 Coronado Way | | APT. NO. n/a | C/O same | PHONE NO. 884-1540 | | |
| CITY Klamath Falls, Oregon | STATE | ZIP CODE 97601 | STREET ADDRESS same | | CITY same | STATE same |
| | | ZIP CODE same | | | | |

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|--|------------------------|---------------------------|------------------------------------|---|--|--|
| CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY. | | NO. OF DEPENDENT CHILDREN | HOW LONG THIS ADDRESS YRS. MOS. | <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING | <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT | <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME |
| <input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST | SOCIAL SECURITY NUMBER | | | | | |
| NAME | | STREET ADDRESS | | CITY | | STATE & ZIP CODE |

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|--|-----------------------------------|--|------------------------|--------------|---|
| <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 | POSITION OR OCCUPATION | INCOME \$ | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH |
|--|-----------------------------------|--|------------------------|--------------|---|

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|---|------|------------------|-----------------------|------------------|----------|
| PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|---|------|------------------|-----------------------|------------------|----------|

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|----------------|--|------|------------------|-----------------------|------------------|----------|
| STREET ADDRESS | | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|----------------|--|------|------------------|-----------------------|------------------|----------|

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|--|--|--|--|--|--|
| GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS | |
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|---|-----------------|--------------------------------------|--|--------------|---|
| <input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S | EMPLOYER'S NAME | TERMS AND CONDITIONS FOR MERCHANDISE | INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER | INCOME \$ | <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH |
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| STREET ADDRESS | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|----------------|------|------------------|-----------------------|------------------|----------|

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|-------------------------|--|------|------------------|-----------------------|------------------|----------|
| SOURCES OF OTHER INCOME | | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|-------------------------|--|------|------------------|-----------------------|------------------|----------|

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|--|--------------|----------------|------|------------------|-----------------------|------------------|----------|
| BANK ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME OF BANK | STREET ADDRESS | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|--|--------------|----------------|------|------------------|-----------------------|------------------|----------|

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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) | | CITY & STATE | PRESENT BALANCE | MONTHLY PAYMENT |
|--|--|--------------|-----------------|-----------------|

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|--------------|----------------|------|------------------|-----------------------|------------------|----------|
| 1. AUTO LOAN | STREET ADDRESS | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|--------------|----------------|------|------------------|-----------------------|------------------|----------|

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| 2. | STREET ADDRESS | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
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| 3. | STREET ADDRESS | CITY | STATE & ZIP CODE | HOW LONG YRS. MOS. | EMPLOYER'S PHONE | PAY DAYS |
|----|----------------|------|------------------|-----------------------|------------------|----------|

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|---------------|--|---------------|------------|
| TERMS OF SALE | | 1. LIST PRICE | \$ 1087.00 |
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|--------------|--|--------|
| 2. SALES TAX | | \$ -0- |
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|------------------------|--|--------|
| 3. SHIPPING & HANDLING | | \$ -0- |
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| 4. CASH PRICE (1+2+3) | | \$ 1087.00 |
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| 5. CASH DOWN PAYMENTS | | \$ 17.00 |
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| PART A - Paid with order | | \$ 17.00 |
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| PART B - To be paid on delivery (C.O.D.) | | \$ -0- |
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|-----|--|--------|
| Tax | | \$ -0- |
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| Plus | | \$ -0- |
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| 6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) | | \$ 17.00 |
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| 7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) | | \$ 1070.00 |
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| 8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6 1/2 % | | \$ 388.00 |
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| 9. TOTAL OF PAYMENTS (7 + 8) | | \$ 1458.00 |
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| 10. DEFERRED PAYMENT PRICE (4 + 8) | | \$ 1175.00 |
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| PAYABLE IN 120 EQUAL MONTHLY PAYMENTS \$ 12.15 EACH, PLUS | |
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| FIRST PAYMENT DUE ON OR ABOUT 30 DAYS AFTER DELIVERY AND MONTHLY THEREAFTER. | |
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| FINANCE CHARGE APPLIES FROM 30 DAYS PRIOR TO FIRST PAYMENT DUE DATE. | |
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| 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. | |
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| 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. | |
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| ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE | |
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| (PRINT) SALESMAN'S NAME Reed Harris | |
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| ACCEPTED & EXECUTED FOR CP national | |
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|-----|-------|
| BY: | DATE: |
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| STATE OF OREGON; COUNTY OF KLAMATH; ss. | |
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| I hereby certify that the within instrument was received and filed for record on the | |
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|--|--|
| 12th day of March A.D., 19 81 at 2:48 o'clock P.M., and duly recorded in | |
|--|--|

| | |
|-----------------------------------|--|
| Vol M81 of Mortgages on Page 4491 | |
|-----------------------------------|--|

| | |
|-------------|--|
| Fee \$ 7.00 | |
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| EVELYN BIEHN DU TY CLERK | |
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| By <u>Reed Harris</u> deputy | |
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