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STATE OF OREGON

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

INSTRUCTIONS:

1. PLEASE TYPE THIS FORM. DO NOT FOLD FOR MAILING.
2. Remove Secured Party and Debtor copies and send other 3 copies with interleaved carbon paper intact to the filing officer. Enclose filing fee of \$1.00. The Form UCC-1 should be forwarded to the Secretary of State and Form UCC-2 filed with the County Clerk or Recorder, as the case may be.
3. When filing is to be with more than one office, Form UCC-2 may be placed over this set to avoid double typing. The Form UCC-1 should be continued on additional sheets, preferably 5" x 8" or 8" x 10". Only one copy of such additional sheets need be presented to the filing officer with a set of three copies of the financing statement. Long schedules of collateral, indentures, etc., may be on any size paper that is convenient for the Secured Party. It is requested that it be accompanied by a completed but unsigned set of these forms, and use third copy as a Termination Statement.
4. If the space provided for any item(s) on the form is inadequate the item(s) should be continued on additional sheets, preferably 5" x 8" or 8" x 10". Only one copy of such additional sheets need be presented to the filing officer with a set of three copies of the financing statement. Long schedules of collateral, indentures, etc., may be on any size paper that is convenient for the Secured Party. It is requested that it be accompanied by a completed but unsigned set of these forms, and use third copy as a Termination Statement.
5. When a copy of the security agreement is used as a financing statement, it is requested that it be accompanied by a completed but unsigned set of these forms, and use third copy as a Termination Statement.
6. At the time of original filing, filing officer should return third copy as an acknowledgement. At a later time, Secured Party may date and sign termination legend and use third copy as a Termination Statement, or he may use Form UCC-3 as a Termination Statement.

1A. Debtor(s):

EARLYNN C. SHULTZ

1B. Mailing Address(es):

1223 Tamera Dr.
Klamath Falls, Or. 97601

2A. Secured Party(ies):

C P NATIONAL

2B. Address of Secured Party from which security information obtainable:
P OBox 310, 1011 Main St.
Klamath Falls, Or. 976013. Maturity Date:
(if any)Filing Officer (Date, time, number and filing office):
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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.):

Install attic insulation, floor insulation,
insulate water pipes, HVAC ducts and tape
joints, and install storm windows as residence
at 1223 Tamera Dr. further described as:

Lot 12 B 9 Moyina 3rd Addition
Deed #M80-13001

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.

Filed with:

☐ SECRETARY OF STATE:☐ RECORDER☒ COUNTY CLERK OF:

Klamath

C P NATIONAL

By:

R. P. Hardin
Secretary of Secured Party(ies) or Assignee(s)By: _____
Signature(s) of Debtor(s)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.

FILING OFFICER - ALPHABETICAL

SELLER: ☒ CP national

RETAIL INSTALLMENT CONTRACT

6948

PURCHASER (PRINT) FIRST NAME EARLYNN		MIDDLE INITIAL C	LAST NAME SHULTZ	DATE WANTED ASAP	DATE OF ORDER 2-13-81	ACCOUNT NUMBER 27372
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (if other than Purchaser)		PHONE NO.
STREET ADDRESS 1223 TAMARA DR.				C/O		
CITY KLAMATH FALLS		STATE ORE	ZIP CODE 97601	STREET ADDRESS		
				CITY		STATE
						ZIP CODE

CREDIT APPLICATION		ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY.				
<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST	SOCIAL SECURITY NUMBER 540-40-316	NO. OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 1 YRS 0 MOS	<input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING	<input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME	STATE & ZIP CODE 97601
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME Klamath First Federal		STREET ADDRESS 564st K Falls, Or.		
MONTHLY MORTGAGE OR RENT PAYMENT \$ 343.		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS 2210 Oregon Ave. 1969 - owned		INCOME \$ 2000.		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
PURCHASER'S EMPLOYMENT	<input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) Cindy Salani Realty	POSITION OR OCCUPATION Salesperson	HOW LONG 1 YRS 0 MOS	EMPLOYER'S PHONE 882-4664	PAY DAYS Commissions	
STREET ADDRESS 314 S 7th St.		CITY Klamath	STATE & ZIP CODE 97601			
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS NA						

<input checked="" type="checkbox"/> SPOUSE'S EMPLOYER	<input type="checkbox"/> CO-SIGNER'S	NAME Cindy Salani Realtor	STREET ADDRESS 7th St	CITY Klamath Falls Or.	EMPLOYER'S PHONE 882-4664	POSITION OR OCCUPATION Salesperson	INCOME \$ 2000.	<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS 314 S 7th St		CITY Klamath	STATE & ZIP CODE 97601					
SOURCES OF OTHER INCOME Investments								

BANK ACCOUNT	<input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVING	NAME OF BANK Western	STREET ADDRESS 7th St	CITY Klamath Falls Or.
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 US Bank	P.O. Box 3867	Portland Or.	\$ 5000.	\$ 110.
2. Wells Fargo Bank	P.O. Box 253367	Sacramento Ca	\$ 7000.	\$ 322.
3. U.S. Bank	P.O. Box 789	K Falls.	\$ 6000.	\$ 181.

DESCRIPTION		
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	
1839 sq. ft.	30 R-Value	Bid# 372 per sq. ft. 510 ⁰⁰
Floor SIDEWALL INSULATION		
1800 sq. ft.	19 R-Value	Bid# 372 per sq. ft. 800 ⁰⁰
INSULATE WATER PIPES		50 ⁰⁰
INSULATE HVAC DUCTS & TAPE JOINTS		200 ⁰⁰
INSTALL STORM WINDOWS		720 ⁰⁰
LIEN FILING & RECORDING FEE		17 ⁰⁰

LIST PRICE 2297⁰⁰

DELIVERY DATE	<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY <input checked="" type="checkbox"/> BUDGET
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TERMS OF SALE	
1. LIST PRICE	\$ 2297 ⁰⁰
2. SALES TAX	\$ -0-
3. SHIPPING & HANDLING	\$ -0-
4. CASH PRICE (1+2+3)	\$ 2297 ⁰⁰
5. CASH DOWN PAYMENTS	
PART A - Paid with order	\$ 297 ⁰⁰
PART B - To be paid on delivery (C.O.D.)	
Tax	\$ -0-
Plus	\$ -0- = \$ -0-
6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 297 ⁰⁰
7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 2000 ⁰⁰
8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5 %	\$ 725 ³³
9. TOTAL OF PAYMENTS (7 + 8)	\$ 2725 ³³
10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 3022 ²²
PAYABLE IN 720 EQUAL MONTHLY PAYMENTS \$ 22.71 EACH, PLUS A FINAL \$ -0- PAYMENT.	
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

ACCEPTED & EXECUTED FOR CP national
BY: **Russell P. Harrison** DATE: **Feb 13/81**

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

17th day of April A.D., 1981 at 1:05 o'clock P M., and duly recorded in

Vol **M81** of **Mortgages** on page **6947**

Fee \$ 7.00

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 **E. Evelyn Diehn**
Spouse's Signature
Co-Signer's SignatureBy **Evelyn Diehn** deputy
COUNTY CLERK