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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.
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 forwarded to the Secretary of State and Form UCC-2 filed with the County Clerk or Recorder, as the case may be.
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.
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, without extra fee.
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.

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

3. Maturity Date:
(if any)

Filing Officer (Date, time, number and filing office)

1A. Debtor(s):

Orville E. Hodges

2A. Secured Party(ies):

C P NATIONAL

1B. Mailing Address(es):

1670 Portland St.

Klamath Falls, Or. 97601

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

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

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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.):

Ceiling and floor insulation installed, ground cover installed, water pipes insulated, and storm windows installed at 1670 Portland St., further described as:

Lot 4 Block 17 Hotsprings Addition

Deed #M77-11353

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:

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

By: R.P. Hardman 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.

SELLER:



CP national

RETAIL INSTALLMENT CONTRACT

6950

PURCHASER (PRINT) FIRST NAME ORVILLE		MIDDLE INITIAL E	LAST NAME HODGES		DATE WANTED 11-26-80	DATE OF ORDER 11-26-80	ACCOUNT NUMBER 27369	
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (if other than Purchaser)			
STREET ADDRESS 1670 POSTLAND					APT. NO.		PHONE NO.	
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.

HOME PHONE OR NEAREST (503) 884-0590		SOCIAL SECURITY NUMBER 541-34-0673	NO. OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 2 YRS. 0 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 <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME FIRST NATIONAL BANK		STREET ADDRESS Main Br. K Falls		CITY ORE	
MONTHLY MORTGAGE OR RENT PAYMENT \$ 145.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS					
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY JELD-WEN		CITY K-F		STATE & ZIP CODE ORE		POSITION OR OCCUPATION Ripper	
STREET ADDRESS 303 LAKEPORT BLVD		CITY K-F		STATE & ZIP CODE ORE		HOW LONG 15 YRS 0 MOS.	
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		EMPLOYER'S PHONE 58		EMPLOYER'S PHONE 58		INCOME \$ 1475.00	
SPOUSE'S <input type="checkbox"/> CO-SIGNER'S <input type="checkbox"/>		EMPLOYER STATE OF OREGON WELFARE DEPT		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 12-3-80		INCOME \$ 1475.00	
STREET ADDRESS 4th @ Pine		CITY K Falls		EMPLOYER'S PHONE		POSITION OR OCCUPATION WA-2	
SOURCES OF OTHER INCOME		CITY K Falls		STATE & ZIP CODE ORE		INCOME \$ 1475.00	
BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING		NAME OF BANK WESTERN		STREET ADDRESS 7 E ST		CITY K Falls	
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	
1. AUTO LOAN		STREET ADDRESS		CITY & STATE		MONTHLY PAYMENT	
2. FIRST PROD. CO.		SHARZ @ Alameda		K-Falls		\$ 8000.00	
3. PACIFIC FINANCE		121 S 9th		K Falls		\$ 1500.00	
						\$ 85.00	

DESCRIPTION

CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	
1032 sq. ft.	30 R-Value	BID # 369 per sq. ft. 266.00
FLOOR SIDEWALL INSULATION		
840 sq. ft.	19 R-Value	BID # 369 per sq. ft. 504.00
INSTALL GRANITE COVER		84.00
INSULATE WATER PIPES PER BID		42.00
INSTALL STORM WINDOWS PER BID		795.00
RECORDING & FILING FEE		17.00

LIST PRICE 1708.

TERMS OF SALE

1. LIST PRICE \$ **1708**
2. SALES TAX \$ **0.00**
3. SHIPPING & HANDLING \$ **0.00**
4. CASH PRICE (1+2+3) \$ **1708**
5. CASH DOWN PAYMENTS
 - PART A - Paid with order \$ **17.00**
 - PART B - To be paid on delivery (C.O.D.)
 - Tax \$ **0.00**
 - Plus \$ **0.00** = \$ **17.00**
6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$ **17.00**
7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$ **1691.00**
8. FINANCE CHARGE ANNUAL PERCENTAGE RATE **6.5 %** \$ **29.44**
9. TOTAL OF PAYMENTS (7 + 8) **ORE** \$ **1720.44**
10. DEFERRED PAYMENT PRICE (4 + 8) \$ **2002.44**

PAYABLE IN **60** EQUAL MONTHLY PAYMENTS \$ **33.69** EACH, PLUS A FINAL \$ **0.00** 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.

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.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

ROBERT P. HARDIN

ACCEPTED & EXECUTED FOR CP national

BY: **DEAN** DATE: **11/26/80**

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 MS1 of Mortgages on page 6949.

Fee \$ 7.00

EVELYN BIEHN

COUNTY CLERK

By **Debra A. Jensen** Deputy

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 **Orville E. Hodges**

Spouse's

Signature

Co-Signer's

Signature