

98517

81 APR 17 PM 1 05

Vol 181 Page 6951

## INSTRUCTIONS:

STATE OF OREGON  
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

- PLEASE TYPE THIS FORM. DO NOT FOLD FOR MAILING.
- 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.
- 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.
- 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.
- 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.
- 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.

1A. Debtor(s): <b>SHARON ANDERSON</b>  1B. Mailing Address(es): <b>3733 GRENADA WAY</b> <b>KLAMATH FALLS, OR 97601</b>	2A. Secured Party(ies): <b>C P NATIONAL</b>  2B. Address of Secured Party from which security information obtainable: <b>P O BOX 310, 1011 MAIN ST</b> <b>KLAMATH FALLS, OR 97601</b>	3. Maturity Date: (if any)  Filing Officer (Date, time, number and filing office)  <b>M81 page 6951</b>
---	--	--

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 roof vents and attic insulation,  
insulate HVAC ducts & tape joints, install storm  
windows, caulk and weatherstrip at the residence  
located at 3733 Grenada Way further described as:

Sunset Village 4th Addition  
Lot 8 Block 5  
Deed #M76-5612

Check ☒ If covered: ☐ Proceeds of Collateral are also covered.

Filed with: ☐ SECRETARY OF STATE: ☐ RECORDER

Products of Collateral are also covered. ☐

No. of additional sheets attached ☐

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

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

By: \_\_\_\_\_ COUNTY: **Klamath**

Signature(s) of Debtor(s)

**C P NATIONAL**

By: *R.P. Hardman*  
Signature(s) of Secured Party(ies) or Assignee(s)

FILING OFFICER - ALPHABETICAL

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

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

SELLER: -



CPnational

RETAIL INSTALLMENT CONTRACT

6952

PURCHASER (PRINT) FIRST NAME <u>SHARON</u>		MIDDLE INITIAL	LAST NAME <u>ANDERSON</u>		DATE WANTED <u>ASAP</u>	DATE OF ORDER <u>2-11-81</u>	ACCOUNT NUMBER <u>27411</u>	
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (If other than Purchaser)			
STREET ADDRESS <u>3733 GRENADA</u>					APT. NO.			
CITY <u>KLAMATH FALLS ORE</u>		STATE <u>ORE</u>		ZIP CODE <u>97601</u>	C/O			
STREET ADDRESS					PHONE NO.			
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 <u>198 143203</u>	SOCIAL SECURITY NUMBER <u>542-62-5653</u>	NO. OF DEPENDENT CHILDREN <u>3</u>	HOW LONG THIS ADDRESS <u>5</u> YRS <u>6</u> MOS.	<input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING	<input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT	<input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME <u>Investment</u>		STREET ADDRESS <u>30.6</u>		CITY <u>KLAMATH FALLS ORE</u>
MONTHLY MORTGAGE OR RENT PAYMENT <u>\$225.00</u>		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				

PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY <u>Small Security</u>	POSITION OR OCCUPATION	INCOME \$ <u>1400</u>	<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS	CITY	STATE & ZIP CODE	
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		HOW LONG YRS. MOS.	EMPLOYER'S PHONE
		PAY DAYS	

<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> EMPLOYER	<input type="checkbox"/> CO-SIGNER'S		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER → <u>2-17-81</u>	
STREET ADDRESS	CITY	EMPLOYER'S PHONE	POSITION OR OCCUPATION	
SOURCES OF OTHER INCOME		INCOME \$	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	

BANK ACCOUNT <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVING	NAME OF BANK <u>1ST NATIONAL</u>	STREET ADDRESS <u>So. 6</u>	CITY <u>KLAMATH FALLS ORE</u>
--	-------------------------------------	--------------------------------	----------------------------------

WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)			
1. AUTO LOAN <u>GMAC</u>	STREET ADDRESS	CITY & STATE	PRESENT BALANCE
2.			MONTHLY PAYMENT
3.			

## DESCRIPTION

CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	
1760 sq. ft.	30 R-Value	per sq. ft. <u>401</u>
SIDEWALL INSULATION		
INSTALL ROOF VENTS	per Bid	<u>411</u>
sq. ft.	R-Value	per sq. ft. <u>160</u>
INSULATE HVAC DUCTS & TAPE JOINTS		<u>280</u>
INSTALL STORM WINDOWS	per Bid	<u>821</u>
CAULK & WEATHERSTRIP	per Bid	<u>70</u>
LIEN FILING & RECORDING FEE		<u>17</u>

LIST PRICE 1749.00

DELIVERY DATE

☐ CASH ☒ 3-PAY  
☒ BUDGET

## TERMS OF SALE

1. LIST PRICE	\$ <u>1749</u>
2. SALES TAX	\$ <u>-0-</u>
3. SHIPPING & HANDLING	\$ <u>-0-</u>
4. CASH PRICE (1+2+3)	\$ <u>1749</u>
5. CASH DOWN PAYMENTS	
PART A - Paid with order	\$ <u>17</u>
PART B - To be paid on delivery (C.O.D.)	
Tax	\$ <u>-0-</u>
Plus	\$ <u>-0-</u> = \$ <u>-0-</u>
6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ <u>17</u>
7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ <u>1732</u>
8. FINANCE CHARGE ANNUAL PERCENTAGE RATE <u>6.5</u> %	\$ <u>628.99</u>
9. TOTAL OF PAYMENTS (7 + 8)	\$ <u>2360.99</u>
10. DEFERRED PAYMENT PRICE (4 + 8)	\$ <u>2377.49</u>
PAYABLE IN <u>120</u> EQUAL MONTHLY PAYMENTS	\$ <u>19.67</u> EACH, PLUS A FINAL \$ <u>-0-</u> 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. HARDIMAN

ACCEPTED &amp; EXECUTED FOR CP national

BY: [Signature] DATE: 2/11/81

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 M91 of Mortgages on page 6951.

Fee \$7.00

EVELYN BIEHN  
COUNTY CLERKBy [Signature] 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 [Signature]  
Spouse's Signature  
Co-Signer's