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**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.

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

STATE OF OREGON

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

1A. Debtor(s):

Winifred DeWitt

2A. Secured Party(ies):

C P National

3. Maturity Date:  
(if any)

1B. Mailing Address(es):

4128 Meadows Dr.  
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

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.):

Installed ceiling insulation, floor insulation,  
insulated water pipes, duct insulation repaired,  
storm windows and slider installed at 4128  
Meadows Dr., also known as:

L4 B 10 THE MEADOWS Deed #M75-634

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

No. of additional sheets attached ☒

COUNTY:

By: Stevens-Ness Law Publishing Co.

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-Ness Law Publishing Co., Portland 4, Ore.

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

SELLER:



CPnational

RETAIL INSTALLMENT CONTRACT

12116

PURCHASER (PRINT) FIRST NAME <b>WINNIE</b>		MIDDLE INITIAL <b>DEWITT</b>	LAST NAME <b>DEWITT</b>	DATE WANTED <b>ASAP</b>	DATE OF ORDER <b>2-7-81</b>	ACCOUNT NUMBER <b>27409</b>
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (if other than Purchaser)		
STREET ADDRESS <b>4128 MEADOWS DR.</b>				C/O		PHONE NO
CITY <b>KLAMATH FALLS</b>		STATE <b>OR</b>	ZIP CODE <b>97601</b>	STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY		

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 <b>509-50-7522</b>	NO. OF DEPENDENT CHILDREN <b>2</b>	HOW LONG THIS ADDRESS <b>9</b> YRS. <b>9</b> 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
<b>1884-2617</b>		NAME <b>DeWitt Winnifred</b>	STREET ADDRESS <b>4128 Meadows</b>	CITY <b>Klamath Falls, OR</b>	STATE & ZIP CODE <b>97601</b>	
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
MONTHLY MORTGAGE OR RENT PAYMENT \$ <b>199</b>		GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY <b>Klamath City Schools</b>		POSITION OR OCCUPATION <b>Medicine Specialist</b>		INCOME <b>\$1,300</b>		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS <b>Mazama HS. 3009 Summers Ln</b>		CITY <b>K.F. OR 97601</b>	STATE & ZIP CODE <b>OR 97601</b>	HOW LONG <b>6</b> YRS. <b>8</b> MOS.	EMPLOYER'S PHONE <b>882-6656</b>	PAY DAYS <b>monthly</b>
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S		EMPLOYER		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER → <b>2-13-81</b>		
STREET ADDRESS		CITY	EMPLOYER'S PHONE	POSITION OR OCCUPATION		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
SOURCES OF OTHER INCOME		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH		
BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING		NAME OF BANK <b>Klamath Lake Teachers Credit Union</b>				
STREET ADDRESS <b>Klamath Falls</b>		CITY <b>Klamath Falls</b>				
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)		CITY & STATE				
NAME		STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT	
1. AUTO LOAN	<b>Western Bank</b>	<b>Siasta Plaza Dr.</b>	<b>Klamath Falls</b>	<b>\$ 288</b>	<b>\$ 144</b>	
2.	<b>Credit Union</b>			<b>\$ 105.00</b>	<b>\$ 90</b>	
3.						

## DESCRIPTION

CEILING INSULATION	Now <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>		
1380 sq. ft.	30 R-Value	@ Bid #409 per sq. ft.	361 <sup>00</sup>
FLOOR SIDEWALL INSULATION			
1380 sq. ft.	19 R-Value	@ Bid #409 per sq. ft.	680 <sup>00</sup>
INSULATE WATER PIPES PER BID			40 <sup>00</sup>
REPAIR DUCT INSULATION PER BID			50 <sup>00</sup>
INSTALL STORM WINDOWS & SLIPIN PER BID			432 <sup>00</sup>
GEN RECORDING & FILING FEE			17 <sup>00</sup>

LIST PRICE **1580<sup>00</sup>**

DELIVERY DATE

☐ CASH ☐ 3-PAY  
☒ BUDGET

## TERMS OF SALE

1. LIST PRICE \$ **1580<sup>00</sup>**
  2. SALES TAX \$ **0<sup>00</sup>**
  3. SHIPPING & HANDLING \$ **0<sup>00</sup>**
  4. CASH PRICE (1+2+3) \$ **1580<sup>00</sup>**
  5. CASH DOWN PAYMENTS  
PART A — Paid with order \$ **17<sup>00</sup>**  
PART B — To be paid on delivery (C.O.D.)  
Tax \$ **0<sup>00</sup>**  
Plus \$ **0<sup>00</sup>** = \$ **0<sup>00</sup>**
  6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$ **17<sup>00</sup>**
  7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$ **1563<sup>00</sup>**
  8. FINANCE CHARGE ANNUAL PERCENTAGE RATE **6.5%** \$ **567<sup>00</sup>**
  9. TOTAL OF PAYMENTS (7 + 8) \$ **2130<sup>00</sup>**
  10. DEFERRED PAYMENT PRICE (4 + 8) \$ **2147<sup>00</sup>**
- PAYABLE IN **720** EQUAL MONTHLY PAYMENTS \$ **17.75** EACH, PLUS A FINAL \$ **0<sup>00</sup>** 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 A. Harterman  
 ACCEPTED & EXECUTED FOR CPnational
BY: **Robert A. Harterman** 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

6th day of July A.D., 1981 at 4:29 o'clock P.M., and duly recorded in

Vol M81 of Mor-tgages on page 12115.

Fee \$7.00

EVELYN BIEHN

COUNTY CLERK

By **Bernard A. DeLoach** 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 **Winnifred DeWitt**  
 Spouse's Signature  
 Co-Signer's