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

4350

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.

1A. Debtor(s):

Richard L. Oellerich

2A. Secured Party(ies):

C P National

3. Maturity Date:
(if any)

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

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1B. Mailing Address(es):

6535 Climax Av.
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

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 ceiling insulation, HVAC ducts and tape joints, storm windows, slider, timed thermostat at residence of 6535 Climax Av., also known as :

Lot 14 B 2 Moyina Manor Deed #M30-21192

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:

C P NATIONAL

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

FETAIL INSTALLMENT CONTRACT

12120

PURCHASER (PRINT) FIRST NAME Richard		MIDDLE INITIAL L	LAST NAME OELLERICH		DATE WANTED ASAP	DATE OF ORDER 3-4-81	ACCOUNT NUMBER 27429	
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME		SHIP TO (if other than Purchaser)			PHONE NO.
STREET ADDRESS 6535 Climax				APT. NO.	C/O			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.								
<input type="checkbox"/> HOME PHONE <input type="checkbox"/> NEAREST		SOCIAL SECURITY NUMBER 562 368180	NO. OF DEPENDENT CHILDREN 2		HOW LONG THIS ADDRESS YRS. 6 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
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME OREGON VA		STREET ADDRESS SALEM ORE		CITY STATE & ZIP CODE		
MONTHLY MORTGAGE OR RENT PAYMENT \$ 398.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS 46731 SPRUCE CT. ANDREWS AFB, MD.						
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY DESIGNER HOME INS.		POSITION OR OCCUPATION SERVICE MANAGER		INCOME \$ 1250		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS 3112 WASHBURN WAY		CITY K-FALLS ORE		HOW LONG YRS. 9 MOS.		EMPLOYER'S PHONE 883-8325 PAY DAYS 31ST.		
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS U.S. AIR FORCE								
<input checked="" type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S		EMPLOYER CONSOLIDATED ELECT. DIST.		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 3-10-81		INCOME \$ 700 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS SPRING ST. K-FALLS		CITY K-FALLS		EMPLOYER'S PHONE 882-4613		POSITION OR OCCUPATION ACCT. CLERK INCOME \$ 1400 <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
SOURCES OF OTHER INCOME U.S. AIR FORCE RETIRED PAY								
BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING		NAME OF BANK 1ST NATIONAL BANK OF OREGON		CITY K-FALLS		STREET ADDRESS		
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		1ST NAT. BK. OF ORE. 506TH ST. BR.		K-FALLS ORE		\$ 3400 \$ 117.00		
2.						\$ \$		
3.						\$ \$		

DESCRIPTION				TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>			1. LIST PRICE	\$ 1640.00
1463 sq. ft.	30R-Value	per sq. ft.	255	2. SALES TAX	\$ 0.00
SIDEWALL INSULATION				3. SHIPPING & HANDLING	\$ 0.00
sq. ft.	R-Value	per sq. ft.		4. CASH PRICE (1+2+3)	\$ 1640.00
INSULATE HVAC DUCTS & DUCT JOINTS			377.00	5. CASH DOWN PAYMENTS	
INSTALL STORM WINDOWS PER BID			681.00	PART A - Paid with order	\$ 17.00
INSTALL STORM DOORS PER BID			225.00	PART B - To be paid on delivery (C.O.D.)	
INSTALL THERMOSTAT			85.00	Tax	\$ 0.00
LIEN FILING & RECORDING FEE			17.00	Plus	\$ 0.00
LIST PRICE				6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 17.00
				7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1623.00
				8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5%	\$ 588.00
				9. TOTAL OF PAYMENTS (7 + 8)	\$ 2211.00
				10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 2228.00

DELIVERY DATE

☐ CASH ☐ 3-PAY
☒ BUDGET

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.

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: R. P. Hardiman DATE: 3/16/81

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 Mortgages on page 12119.

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: [Signature]
 Spouse's Signature: [Signature]
 Co-Signer's Signature: [Signature]

EVELYN BIEHN

COUNTY CLERK

By: Bernard M. Maltch Deputy