

INSTRUCTIONS:

8143

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

STATE OF OREGON

UCC-1 #8143 Page 300

5371

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-1 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, inventories, 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-1 as a Termination Statement.

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

1A. Debtor(s):

John O. Halvorson

1B. Mailing Address(es):

834 Loma Linda Dr.
Klamath Falls, Or. 97601

2A. Secured Party(ies):

C P National

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

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

3. 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.)

Ceiling insulation, floor insulation, water pipes insulated, ground vapor barrier installed, HVAC ducts taped and insulated, storm windows installed at residence of 834 Loma Linda Dr. further described as:
Lot 27 Loma Linda Heights
Deed #72M-379

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.

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

☐ Proceeds of Collateral are also covered. No. of additional sheets attached ☐ 1

Klamath

COUNTY:

Signature(s) of Debtor(s)

C P NATIONAL

By: *[Signature]*
Signature(s) of Secured Party(ies) or Assignee(s)

FILING OFFICE - ALPHABETICAL

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

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

SELLER: CP

CPnational

RETAIL INSTALLMENT CONTRACT

301

PURCHASER (PRINT) FIRST NAME John		MIDDLE INITIAL O.	LAST NAME Halvorson		DATE WANTED ASAP	DATE OF ORDER 10-24-80	ACCOUNT NUMBER 27371
SPOUSE FIRST NAME Kathleen		MIDDLE INITIAL R.	LAST NAME Halvorson		SHIP TO (if other than Purchaser) Same		
STREET ADDRESS 801 Loma Linda Drive					APT. NO. n/a	PHONE NO. 882-8135	
CITY Klamath Falls, Oregon					STATE OR	ZIP CODE 97601	
CITY Same					STATE Same	ZIP CODE Same	

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	NO OF DEPENDENT CHILDREN	HOW LONG THIS ADDRESS YRS. MOS.	<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING	<input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> CO-OP <input type="checkbox"/> MOBILE HOME
STREET ADDRESS CITY STATE & ZIP CODE					
MONTHLY MORTGAGE OR RENT PAYMENT \$					
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			POSITION OR OCCUPATION		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
STREET ADDRESS CITY			STATE & ZIP CODE		HOW LONG YRS. MOS.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS			EMPLOYER'S PHONE		PAY DAYS
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S			EMPLOYER'S PHONE		POSITION OR OCCUPATION
STREET ADDRESS CITY			STATE & ZIP CODE		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
SOURCES OF OTHER INCOME			INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH		
BANK ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING			NAME OF BANK		STREET ADDRESS CITY
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)					
1. AUTO LOAN	NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
2.				\$	\$
3.				\$	\$

DESCRIPTION

CEILING INSULATION	New <input type="checkbox"/>	Add-On <input checked="" type="checkbox"/>	
1500 sq. ft. R-30 total R-Value			280.00
SIDEWALL INSULATION N/A			
sq. ft.	R-Value	per sq. ft.	
R-19 floor insulation, as per bid			1,020.00
Ground cover vapor barrier, as per bid			150.00
Insulation of under floor water pipes, bid			100.00
Tape & Insulate HVAC ducts, as per bid			200.00
(5) Storm windows, as per Wendt Homes' bid			719.97
Lein preparation & filing fees:			17.00
LIST PRICE			2,486.97

TERMS OF SALE

1. LIST PRICE	\$ 2,486.97
2. SALES TAX	\$ -0-
3. SHIPPING & HANDLING	\$ -0-
4. CASH PRICE (1+2+3)	\$ 2,486.97
5. CASH DOWN PAYMENTS	
PART A - Paid with order	\$ 486.97
PART B - To be paid on delivery (C.O.D.)	
Tax	\$ -0-
Plus	\$ -0- = \$ -0-
6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 486.97
7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 2,000.00
8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6 1/2 %	\$ 725.20
9. TOTAL OF PAYMENTS (7 + 8)	\$ 2,725.20
10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 3,212.17
PAYABLE IN 120 EQUAL MONTHLY PAYMENTS \$ 22.71 EACH, PLUS A FINAL 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 CPnational should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

Reed Harris

ACCEPTED & EXECUTED FOR CPnational

BY:

DATE:

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 John O. Halvorson
 Spouse's Signature _____
 Co-Signer's Signature _____

State of OREGON: COUNTY OF KLAMATH: ss.

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

3 day of January A.D., 1982 at 3:57

o'clock P M., and duly recorded in

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EVELYN BIEHN

COUNTY CLERK

By Joyce McQuinn deputy