

INSTRUCTIONS:

14549

STATE OF OREGON

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

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PLEASE TYPE THIS FORM.

1. Enclose fee of \$3.00 per name listed plus \$2.00 per trade name.
2. This form is to be filed only with the Secretary of State.
3. Send the Alphabetical, Numerical and Acknowledgment copies with interleaved carbon paper intact to the filing officer. The Debtor(s) and Secured Party(ies) copies are retained by party making the filing.
4. If the space provided for any item(s) on the form is inadequate, the item(s) should be continued on additional sheets, size 5" x 8". Only one copy of such additional sheets need be presented to the filing officer. Long schedules of collateral, indentures, etc. may be on any size paper that is convenient for the secured party.
5. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.
6. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party. If secured party requires acknowledgment of long schedules of collateral, two copies should be presented and one will be returned.
7. When a copy of the security agreement is used as a financing statement, it is requested that it be accompanied by a completed UCC-21 form. Enclose \$4.00 plus \$3.00 per debtor more than one, and \$2.00 per trade name.
8. When filing is to be terminated the acknowledgment copy may be sent to the filing officer signed by the secured party or assignee or he may use Form UCC-3 as a Termination Statement.

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

1A. Debtor(s):

Raul Garibay

2A. Secured Party(ies):

C P National

Filing Officer Use Only

1B. Mailing Address(es):

2170 Patterson Street
Klamath Falls, Or 97601

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

1011 Main Street
Klamath Falls, Or 97601

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3. This financing statement covers the following types (or items) of collateral (ORS 79.4020):

Attic insulation, storm windows and storm door and weatherstripping
attached to residence located at 2170 Patterson Street,
Klamath Falls, Oregon.

4A. Assignee of Secured Party(ies) if any:

4B. Address of Assignee from which security information obtainable:

Check box if products of collateral are also covered ☐No. of additional sheets attached ☒ 1

*Signature(s) of Debtor(s) required in most cases.

Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.

C P National

By: _____

Signature(s) of Debtor(s)
Signature(s) of Secured Party(ies) or Assignee(s)

This form of Financing Statement approved by the Secretary of State.

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1

STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

9/4/79

FILING OFFICER—ALPHABETICAL

SELLER:



CP national

RETAIL INSTALLMENT CONTRACT

PURCHASER (PRINT FIRST NAME) <u>Raul</u>		MIDDLE INITIAL	LAST NAME <u>GARIBAY</u>	DATE WANTED <u>ASAP</u>	DATE OF ORDER <u>9-18-81</u>	ACCOUNT NUMBER <u>27520</u>
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (if other than Purchaser)		
STREET ADDRESS <u>2170 Patterson St</u>				APT. NO.	C/O	PHONE NO.
CITY <u>Klamath Falls</u>		STATE <u>OR</u>	ZIP CODE <u>97601</u>	STREET ADDRESS <u>SAME</u>		
CITY		STATE	ZIP CODE			

CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILED IN COMPLETELY AND ACCURATELY.

<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST	SOCIAL SECURITY NUMBER <u>572-96-904</u>	NO. OF DEPENDENT CHILDREN <u>0</u>	HOW LONG THIS ADDRESS <u>3</u> YRS. <u>0</u> 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 type="checkbox"/> MORTGAGE HOLDER	NAME <u>Quintella Savings Bank</u>	STREET ADDRESS	CITY	STATE & ZIP CODE <u>Klamath Falls Ore 97601</u>	
MONTHLY MORTGAGE OR RENT PAYMENT \$ <u>365.69</u>	GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <u>Capitan Hallway</u>	EMPLOYED BY <u>Capitan Hallway</u>	POSITION OF OCCUPATION <u>Manager</u>	HOW LONG <u>6</u> YRS. <u>1/2</u> MOS.	EMPLOYER'S PHONE <u>882-2255</u>	INCOME <u>\$1200</u> <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
STREET ADDRESS <u>5. Six St</u>	CITY	STATE & ZIP CODE			
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS	<u>Capitan Hallway</u> <u>Bellevue Wy and 5. Six St.</u>				
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S	EMPLOYER'S PHONE	POSITION OR OCCUPATION	INCOME	<input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	
STREET ADDRESS	CITY	STATE & ZIP CODE			
SOURCES OF OTHER INCOME	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER <u>9-23-81</u>				
BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME OF BANK <u>Klamath Lake Federal Credit Union</u>	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.	<u>U.S. National Bank</u>	<u>3720 S. 6th</u>	<u>Klamath Falls</u>	<u>\$16000</u>	<u>\$440</u>
3.					

DESCRIPTION		TERMS OF SALE
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	1. LIST PRICE \$ <u>2011.00</u>
<u>1400 sq. ft. TO R-Value 30e Bid \$520</u>		2. SALES TAX \$ <u>0</u>
		3. SHIPPING & HANDLING \$ <u>0</u>
		4. CASH PRICE (1+2+3) \$ <u>2011.00</u>
SIDEWALL INSULATION	sq. ft. R-Value e per sq. ft.	5. CASH DOWN PAYMENTS
		PART A - Paid with order \$ <u>17.00</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>17.00</u>
		7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$ <u>1994.00</u>
		8. FINANCE CHARGE ANNUAL PERCENTAGE RATE <u>6 1/2</u> % \$ <u>922.30</u>
		9. TOTAL OF PAYMENTS (7 + 8) \$ <u>2716.30</u>
		10. DEFERRED PAYMENT PRICE (4 + 8) \$ <u>2733.30</u>
		PAYABLE IN <u>120</u> EQUAL MONTHLY PAYMENTS \$ <u>22.64</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.

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 (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

R.P. Hardiman

ACCEPTED & EXECUTED FOR CP national

BY: R.P. Hardiman DATE: 9/22/81

State of OREGON: COUNTY OF KLAMATH: ss.

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

13th day of August A.D., 1982 at 9:45 o'clock A M., and duly recorded inVol M82 of Mortgages on page 10476.Fee \$ 8.00

EVELYN BIEHN

COUNTY CLERK

By Deborah Hetch 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 Raul Garibay
 Spouse's Signature
 Co-Signer's