

INSTRUCTIONS:

1. PLEASE TYPE THIS FORM.

2. Enclose fee of \$3.00 per name listed plus \$2.00 per trade name.

3. This form is to be filed only with the Secretary of State.

4. Signatures, 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.

5. 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.

6. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.

7. 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.

8. 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.

9. 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.

10. This financing statement is presented to filing officer pursuant to the Uniform Commercial Code.

11. Debtor(s):

12. Secured Party(ies):

13. Address of Secured Party from which security information obtainable:

14. Assignee of Secured Party(ies) if any:

15. Address of Assignee from which security information obtainable:

16. Check box if products of collateral are also covered

17. No. of additional sheets attached

18. * See attached contract

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

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

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

22. STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1

23. 9/4/79

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

25. FILING OFFICER—ALPHABETICAL

16052

STATE OF OREGON

COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

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1A. Debtor(s):

Bruce J. Kerr
Patricia M. Kerr

1B. Mailing Address(es):

4739 Sumac Street
Klamath Falls, Or 97601

2A. Secured Party(ies):

C P National

2B. Address of Secured Party from which
security information obtainable:1011 Main St - P.O. Box 310
Klamath Falls, Or 97601

Filing Officer Use Only

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

Attic insulation, floor insulation, storm windows and additional
weatherization materials as described in attached
contract, installed and attached to residence at
4739 Sumac, Klamath Falls, Oregon, Lot 7, Block 1,
Banyon Park Subdivision, Klamath County, 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

* See attached contract

* 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)

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1

9/4/79

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

FILING OFFICER—ALPHABETICAL

SELLER:



CP national CP national

RETAIL INSTALLMENT CONTRACT

P. O. Box 310
Klamath Falls, OR 97601

14720

PURCHASER (PRINT) FIRST NAME BRUCE		MIDDLE INITIAL J	LAST NAME KERR	DATE WANTED ASAP	DATE OF ORDER 12-5-81	ACCOUNT NUMBER 2765072203
SPOUSE FIRST NAME PATRICIA		MIDDLE INITIAL M	LAST NAME KERR	SHIP TO (If other than Purchaser)		
STREET ADDRESS 4739 S. HALL				C/O		PHONE NO. 882-1525
CITY KLAMATH FALLS		STATE OR	ZIP CODE 97601	STREET ADDRESS SHANE		
				CITY	STATE	ZIP CODE

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

HOME PHONE OR NEAREST (503) 882-1525	SOCIAL SECURITY NUMBER 540-64-4714	NO. OF DEPENDENT CHILDREN 1	HOW LONG THIS ADDRESS 2 YRS. 4 MOS.	☒ BUYING ☐ RENTING	☒ HOUSE ☐ APARTMENT ☐ CONDOMINIUM ☐ MOBILE HOME
LANDLORD OR MORTGAGE HOLDER Equitable Savings		NAME 212 So 6th	STREET ADDRESS Klamath Falls, OR	CITY 97601	STATE & ZIP CODE
MONTHLY MORTGAGE OR RENT PAYMENT \$417.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS NA			

PURCHASER'S EMPLOYMENT ☐ SELF EMPLOYED (STATE TYPE OF BUSINESS) ☒ EMPLOYED BY Weyerhaeuser	POSITION OR OCCUPATION timber feller	INCOME (Net) \$1360	☐ WEEK ☒ MONTH
STREET ADDRESS Ashland Hwy	CITY Klamath Falls	STATE & ZIP CODE OR 97601	HOW LONG 4 YRS. 10 MOS.
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS NA		EMPLOYER'S PHONE 884-2241	PAY DAYS 15

☒ SPOUSE'S ☐ CO-SIGNER'S	EMPLOYER USDA - Forest Service	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 1-26-82
STREET ADDRESS 1936 California Ave		CITY K Falls
SOURCES OF OTHER INCOME		EMPLOYER'S PHONE 882-7761
		POSITION OR OCCUPATION computer technician
		INCOME \$1100
		☐ WEEK ☒ MONTH

BANK ACCOUNT ☒ CHECKING ☒ SAVING	NAME OF BANK US Bank	STREET ADDRESS Town & Country Branch	CITY Klamath Falls
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				
2. Forest Products	2972 Washburn Way	Klamath Falls, OR	\$3700.00	\$1600.00
3. Visa	Portland OR		\$500.00	\$24.00

DESCRIPTION	TERMS OF SALE
CEILING INSULATION New ☐ Add-On ☒ 1128 sq. ft. to an 30 R-Value @ per sq. ft. 260.00	1. LIST PRICE \$1424
SIDEWALL INSULATION sq. ft. R-Value @ per sq. ft.	2. SALES TAX \$0
4 STORM WINDOWS 269.00	3. SHIPPING & HANDLING \$0
1 PATIO CONVERSION 225.00	4. CASH PRICE (1+2+3) \$1424
INSULATE FLOOR TO R19 576.00	5. CASH DOWN PAYMENTS
INSTALL GROUND COVER 114.00	PART A - Paid with order \$
INSULATE WATER PIPES 40.00	PART B - To be paid on delivery (C.O.D.)
	Tax \$
	Plus \$ = \$
	6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$0
	7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$1424.00
	8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5% \$334.90
	9. TOTAL OF PAYMENTS (7 + 8) \$1758.90
	10. DEFERRED PAYMENT PRICE (4 + 8) \$1758.90

DELIVERY DATE ASAP	☐ 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.	

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME **DARROL CLARK**

ACCEPTED & EXECUTED FOR CP national

BY: **[Signature]** DATE: **1/26/82**
STATE OF OREGON; COUNTY OF KLAMATH; ss.

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

5 day of Nov A.D., 1982 at 11:17 o'clock A M., and duly recorded in

Vol M82, of Mtge on page 14719

Fee \$ 8.00

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 **Bruce J. Kerr**
Spouse's Signature **Patricia M. Kerr**
Co-Signer'sEVELYN DIEHR
COUNTY CLERKBy **[Signature]** deputy