

INSTRUCTIONS:

PLEASE TYPE THIS FORM.

Enclose fee of \$3.00 per name listed plus \$2.00 per trade name.
This form is to be filed only with the Secretary of State.

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.

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.

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

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.

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.

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.

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

1A. Debtor(s):

Russell S. Wearner

1B. Mailing Address(es):

535 Laguna Street
Klamath Falls, Cr 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, Cr 97601

Filing Officer Use Only

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

Additional attic insulation, ventilation, storm door and replacement of windows with double glazing, installed and attached to residence located at 4413 Frieda Street, Klamath Falls, Oregon Lot 21, New Deal Tracts, Klamath County, Oregon.

3A. 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.

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

FILING OFFICER—ALPHABETICAL

STATE OF OREGON

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

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SELLER:



CPnational

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

RETAIL INSTALLMENT CONTRACT

14842

PURCHASER (PRINT) FIRST NAME Russell		MIDDLE INITIAL S.	LAST NAME Wearner	DATE WANTED	DATE OF ORDER 5/3/82	ACCOUNT NUMBER 27-03124-26/19
SPOUSE FIRST NAME N/A		MIDDLE INITIAL	LAST NAME	SHIP TO (if other than Purchaser) N/A		PHONE NO. 884-3785
STREET ADDRESS 535 Laguna Street		APT. NO. N/A		C/O N/A		
CITY Klamath Falls, Or		STATE	ZIP CODE 97601	STREET ADDRESS 4413 Frieda Street		ZIP CODE 97061
				CITY Klamath Falls, Or		STATE

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"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME
NAME		STREET ADDRESS		CITY		STATE & ZIP CODE
<input type="checkbox"/> LANDLORD OR <input type="checkbox"/> MORTGAGE HOLDER						
MONTHLY MORTGAGE OR RENT PAYMENTS		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT	<input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS)		POSITION OR OCCUPATION		INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	
STREET ADDRESS		CITY	STATE & ZIP CODE	HOW LONG YRS. MOS.	EMPLOYER'S PHONE	PAY DAYS
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS						
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S	EMPLOYER		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER		5/14/82	
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	
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)						
NAME		STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT	
1. AUTO LOAN				\$	\$	
2.				\$	\$	
3.				\$	\$	

DESCRIPTION	
CEILING INSULATION New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/> Additional ceiling insulation to R-30	\$ 225.00
SIDEWALL INSULATION Attic ventilation	156.00
One storm door	160.00
Weatherstripping	70.00
Caulking	50.00
Replace all windows with double glazing	592.00
As per bid by Quality Insulation Co.	-----

* Customer to pay balance of window replacement cost direct to Quality. LIST PRICE \$1,253.00

DELIVERY DATE	<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY
	<input checked="" type="checkbox"/> BUDGET

TERMS OF SALE	
1. LIST PRICE	\$ 1253.00
2. SALES TAX	\$ -0-
3. SHIPPING & HANDLING	\$ -0-
4. CASH PRICE (1+2+3)	\$ 1253.00
5. CASH DOWN PAYMENTS	
PART A - Paid with order	\$ -0-
PART B - To be paid on delivery (C.O.D.)	
Tax	\$ -0-
Plus	\$ -0- = \$ -0-
6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ -0-
7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1253.00
8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6 1/2 %	\$ 263.32
9. TOTAL OF PAYMENTS (7 + 8)	\$ 1516.32
10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 1516.31
PAYABLE IN 72	EQUAL MONTHLY
PAYMENTS \$ 21.06	EACH PLUS

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 1/2% 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

Reed Harris

ACCEPTED & EXECUTED FOR CP national

BY:

DATE: 5/10/82

STATE OF OREGON: COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 8 day of Nov A.D., 1982 at 11:42 o'clock A.M. and duly recorded in Vol M82, of Mtge on page 14841

EVELYN BIEHN, COUNTY CLERK

by Deputy

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

Spouse's

Signature

Co-Signer's

Signature