

INSTRUCTIONS:

18039

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.
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.

3. Maturity Date:
(if any)

1A. Debtor(s):

WILFRED BRAZIL

2A. Secured Party(ies):

C.P. National Corp.

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

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1B. Mailing Address(es):

736 Upham
Klamath Falls, OR 976012B. Address of Secured Party from which
security information obtainable:1011 Main St. / PO Box 310
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.):

One Natulis water heater - 40 gallon capacity
serial number A-2425787, attached to and
installed in premises located at 736 Upham,
Klamath Falls, OR.

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:

C.P. National Corp.

By:

Signature(s) of Debtor(s)

By:

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

FILING OFFICER - ALPHABETICAL

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

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

17173

PURCHASER (PRINT) FIRST NAME <u>Wilfred</u>		MIDDLE INITIAL <u>E</u>	LAST NAME <u>BRASIL</u>	DATE WANTED	DATE OF ORDER <u>87-1526-13/11</u>	ACCOUNT NUMBER
SPOUSE FIRST NAME		MIDDLE INITIAL	LAST NAME	SHIP TO (If other than Purchaser)		
STREET ADDRESS <u>736 Upham St.</u>			APT. NO.	C/O <u>SAME</u>	PHONE NO.	
CITY <u>Klamath Falls Oregon</u>		STATE	ZIP CODE <u>97601</u>	STREET ADDRESS		
CITY		STATE	ZIP CODE			
CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY.						
<input checked="" type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST <u>(98) 31405</u>		SOCIAL SECURITY NUMBER	NO OF DEPENDENT CHILDREN <u>2</u>	HOW LONG THIS ADDRESS YRS. MOS.	<input type="checkbox"/> BUYING <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> RENTING <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME <u>Department of Veteran Affairs</u>				
MONTHLY MORTGAGE OR RENT PAYMENT \$ <u>145.00</u>		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY <u>Burlington Northern</u>		POSITION OR OCCUPATION <u>A Clerk</u>		INCOME <input type="checkbox"/> WEEK <u>\$1500.00</u> <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS <u>old Midland Hi. Klamath Falls Ore.</u>		CITY	STATE & ZIP CODE	HOW LONG <u>2 YRS. 1 MOS</u>	EMPLOYER'S PHONE <u>1st & 15th</u>	
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS						
<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> EMPLOYER		CITY		EMPLOYER'S PHONE		POSITION OR OCCUPATION
<input type="checkbox"/> CO-SIGNER'S		CITY		EMPLOYER'S PHONE		POSITION OR OCCUPATION
STREET ADDRESS		CITY		EMPLOYER'S PHONE		POSITION OR OCCUPATION
SOURCES OF OTHER INCOME		CITY		EMPLOYER'S PHONE		POSITION OR OCCUPATION
BANK ACCOUNT <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVING		NAME OF BANK <u>Federal Credit Union</u>		STREET ADDRESS <u>Klamath Falls, Ore.</u>		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
1. AUTO LOAN <u>Fed. Credit Union</u>		<u>Washburn</u>		<u>K. Falls, Ore.</u>		\$ <u>950.00</u>
2.						\$
3.						\$

DESCRIPTION				TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/> Add-On <input type="checkbox"/>			1. LIST PRICE	\$ <u>300.00</u>
sq. ft.	R-Value	e	per sq. ft.	2. SALES TAX	\$ <u>-0-</u>
				3. SHIPPING & HANDLING	\$ <u>-0-</u>
SIDEWALL INSULATION				4. CASH PRICE (1+2+3)	\$ <u>300.00</u>
sq. ft.	R-Value	e	per sq. ft.	5. CASH DOWN PAYMENTS	
				PART A - Paid with order	\$ <u>0</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>0</u>
				7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ <u>300.00</u>
				8. FINANCE CHARGE ANNUAL PERCENTAGE RATE <u>13 1/2 %</u>	\$ <u>33.34</u>
				9. TOTAL OF PAYMENTS (7 + 8)	\$ <u>333.34</u>
				10. DEFERRED PAYMENT PRICE (4 + 8)	\$ <u>333.34</u>
				PAYABLE IN <u>18</u> EQUAL MONTHLY PAYMENTS \$ <u>18.50</u> EACH, PLUS A FINAL \$ <u>0</u> PAYMENT.	
				LIST PRICE	\$ <u>300.00</u>

DELIVERY DATE <u>11-6-82</u>	<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY <input checked="" type="checkbox"/> BUDGET
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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

B. Ransom

ACCEPTED & EXECUTED FOR CP national

BY: B. Ransom DATE: 11/18/82

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 6 day of Dec. A.D., 1982 at 10:31 o'clock A M, and duly recorded in Vol M82, of Mtge on page 17172.

EVELYN BIEHN COUNTY CLERK

by Joyce M. Thorne 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 Wilfred E. Brasil
Spouse's Signature
Co-Signer's