

33816

STATE OF OREGON

Uniform Commercial Code - Financing Statement - Real Property -
Form UCC-1A

M91/17177

THIS FORM FOR COUNTY FILING USE ONLY

County Filing Officer Use Only

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

1A. Debtor Name(s):

SEALS, BEARL
SEALS, RUBY R.A.

1B. Debtor Mailing Address(es):

PO BOX 335
MYRTLE POINT, OR 97458

2A. Secured Party Name(s):

SECURITY BANK

2B. Address of Secured Party from
which security information is obtainable:P.O. BOX 1479
COOS BAY, OR 97420

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

4B. Address of Assignee:

3. This financing statement covers the following types (or items) of property: See Attached Exhibit to UCC Financing Statement dated July 29, 1991.
(Check if applicable): ☐ The above timber is standing on: _____
☐ The goods are to become fixtures on: _____
☐ The above minerals or the like (including gas and oil) or accounts will be financed at the wellhead or minehead of the well or mine located on: _____
(Describe real estate)See Attached Exhibit to UCC Financing Statement dated July 29, 1991.

and the financing statement is to be filed for record in the real estate records. (If the debtor does not have an interest of record) The name of a record owner is: _____

Check box if products of collateral are also covered ☒ No. of additional sheets attached: _____

Debtor hereby authorizes the Secured Party to record a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

Signature of Debtor required in most cases.

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

By: Bearl SealsRuby R.A. Seals

Required Signature(s)

INSTRUCTIONS

1. PLEASE TYPE THIS FORM.
2. If the space provided for any time(s) on this form is inadequate, the item(s) should be continued on additional sheets. Only one copy of such additional sheets need to be presented to the county filing officer. DO NOT STAPLE OR TAPE ANYTHING TO THIS FORM.
3. This form (UCC-1A) should be recorded with the county filing officers who record real estate mortgages. This form cannot be filed with the Secretary of State. Send the Original to the county filing officer. The Recording Party Copy is for your use.
4. After the recording process is completed, the county filing officer will return the document to the party indicated. The printed termination statement below may be used to terminate this document.
5. The RECORDING FEE must accompany the document. The fee is \$5 per page.
6. Be sure that the financing statement has been properly signed. Do not sign the termination statement (below) until this document is to be terminated.

Recording party contact name: _____

Recording party telephone number: _____

Return to: (name and address)

Security Bank

Please do not type outside of bracketed area

TERMINATION STATEMENT - This statement of termination of financing is presented for filing pursuant to the Uniform Commercial Code. The Secured Party no longer claims a security interest under the financing statement bearing the recording number shown above.

By: _____
Signature of Secured Party(ies) or Assignee(s)

ORIGINAL COPY

EXHIBIT TO UCC FINANCING STATEMENT

July 29, 1991

This Exhibit is attached to and is a part of the UCC Financing Statement executed in connection with a loan between SECURITY BANK and

SEALS, BEARL

SEALS, RUBY R.A.

COLLATERAL DESCRIPTION: Irrevocable Assignment of Proceeds dated July 29, 1991, Land Sale Contract #16485 covering the following real property: Southwest quarter of Section 15, Northwest quarter of Section 22, Township 36 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Security Bank the 28th day
of Aug. A.D., 19 91 at 10:36 o'clock A M., and duly recorded in Vol. M91,
of Mortgages on Page 17177.

FEE \$10.00

Evelyn Biehn County Clerk

By Quentin Mullender

This Exhibit is executed on the same date as the UCC Financing Statement by SECURITY BANK and the undersigned.

Bearl Seals
Ruby R.A. Seals
Signature(s) of Debtor(s)

SECURITY BANK
By: _____
Signature(s) of Secured Party (ies)

CERTIFICATION OF VITAL RECORD

103119
I.D. TAG NO.

298
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136

1 DECEDENT'S NAME First: <u>Virginia</u> Middle: Last: <u>BROOKS</u>		2 SEX <u>F</u>		3 DATE OF DEATH (Month, Day, Year) <u>August 22, 1991</u>	
4 SOCIAL SECURITY NUMBER <u>533-01-5471</u>		5a AGE - Last Birthday (Years) <u>81</u>		5b Under 1 Year Mos: Days: Hours: Mins:	
6 BIRTHPLACE (City and State or Foreign Country) <u>Walla Walla, WA</u>		7 DATE OF BIRTH (Month, Day, Year) <u>August 3, 1910</u>		8 PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9b CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9c COUNTY OF DEATH <u>Klamath</u>	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Accounting</u>		10b KIND OF BUSINESS/INDUSTRY <u>Hospital</u>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12 SPOUSE (If Married, Widowed, Divorced (Specify)) <u>William</u>		13a RESIDENCE - STATE <u>Oregon</u>		13b COUNTY <u>Klamath</u>	
13c CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d STREET AND NUMBER <u>5645 Leland</u>		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15 RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>		17 FATHER - NAME first middle last <u>Quinn</u>	
18 MOTHER - NAME first middle maiden <u>King</u>		19 INFORMANT - NAME and relationship to deceased <u>William / spouse</u>		20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>		20c LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Garilyn Jennings</u>	
21b LICENSE NUMBER (Of Licensee) <u>53-0280</u>		22 NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home 1945 Main St./Klamath Falls, OR 97601</u>		23 DATE FILED (Month, Day, Year) <u>AUG 26 1991</u>	
24 REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26 TO BE COMPLETED BY CERTIFYING PHYSICIAN 27 TIME OF DEATH <u>1912</u> M <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
29 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature) <u>[Signature]</u>		30 DATE SIGNED (Month, Day, Year) <u>8/23/91</u>		31 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a TIME OF DEATH <u>1912</u> M <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>8/23/91</u> M <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		33 DATE SIGNED (Month, Day, Year) <u>8/23/91</u>		34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Barbara Gilbertson, DO 1905 Main Street Klamath Falls, Oregon 97601</u>	
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest		37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39 If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		41c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e LOCATION (Street and Number or Rural Route Number, City or Town, State)		42 RESERVED FOR REGISTRAR'S USE	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

452 REV

DATE ISSUED AUG 26 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Wm. Brooks
of Aug. A.D., 19 91 at 10:36 o'clock A.M., and duly recorded in Vol. M91
of Deeds on Page 17179

FEE \$8.00

Return: WM. Brooks

5645 Leland, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk

By *Donna A. Verling*