

39517

Vol. m92 Page 349

STATE OF OREGON

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

M92/349

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): Siebert, Duane P.	2A. Secured Party Name(s): ITT Commercial Finance Corp.	4A. Assignee of Secured Party (if any):
1B. Debtor Mailing Address(es): 3249 S. 6th Street Klamath Falls, OR 97601	2B. Address of Secured Party from which security information is obtainable: 18000 Andover Park W. #201 Tukwila, WA 98188	4B. Address of Assignee:

3. This financing statement covers the following types (or items) of property:
(Check if applicable:)

- ☐ The goods are to become fixtures on: _____ ☐ The above timber is standing 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)

All inventory, equipment, fixtures, accounts, contract rights, chattel paper, instruments, documents of title, deposit accounts and general intangibles, whether now owned or hereafter acquired and all attachments, accessories, accessions, substitutions and replacements thereto and all proceeds thereof

Secured Party has a Security Interest in Manufactured Housing that will be installed on Real Estate owned by Randy High, which is described as "Legal Description attached Hereto:"

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 ☒

Number 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: _____

Required Signature(s)

INSTRUCTIONS

1. PLEASE TYPE THIS FORM.
2. If the space provided for any item(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)

ITT Commercial Finance Corp.
P.O. Box 3588
Seattle, WA 98124-3588
ATTN: Kathy

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)

EXHIBIT "A"
DESCRIPTION OF PROPERTY

The Following described real property situate in Klamath County, Oregon:

A parcel of land situated in the SE1/4SE1/4 of Section 10, Township 39 South, Range 9, E.W.M. described as follows:

Beginning at a 5/8 inch iron pin on the West right-of-way line of Summers Lane which bears South a distance of 2783.75 feet and West a distance of 30.0 feet from the Southeast corner of the NE1/4NE1/4 of said Section 10, said point also being the Northeast corner of parcel conveyed to A. N. Kelsey, et ux, by Deed Vol. 164, page 552, Records of Klamath County, Oregon; thence N. 0° 21' W., along the West line of Summers Lane, a distance of 60.0 feet to a 5/8 inch iron pin; thence West, at right angles to Summers Lane, a distance of 235.0 feet to a point; thence North a distance of 103.75 feet, more or less, to the South line of "Summers Park"; thence West along said South line a distance of 1055 feet, more or less, to the West line of the E1/2SE1/4 of said Section 10; thence South along said line a distance of 501.25 feet, more or less, to the Northwest corner of "Mazama Gardens"; thence N. 89° 52' E. along the North line of Mazama Gardens a distance of 1096.44 feet to the Southwest corner of parcel described in volume M85, page 6810, Deed Records of Klamath County, Oregon; thence N. 0° 21' W. along the West line of last mentioned parcel to the South line of parcel conveyed by Bula N. Kelsey to Jack Mulkey, et ux, by Volume M73 page 16495, Deed Records of Klamath County, Oregon; thence N. 89° 44' 55" W. along the South line of said parcel a distance of 107.5 feet to the Southwest corner thereof; thence N. 0° 14' E. a distance of 99.78 feet to the Northwest corner of said parcel; thence N. 89° 39' E., along the North line of said parcel a distance of 306.47 feet to the point of beginning.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day
of Jan. A.D., 19 92 at 2:04 o'clock P M., and duly recorded in Vol. M92
of Mortgages on Page 349.

Evelyn Blehn County Clerk

FEE \$10.00

By Quentin Mueller

F-4035
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1

2

3

4

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PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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1. DECEDENT'S NAME First: Harvey Middle: Emanuel Last: DERK		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 1, 1992
4. SOCIAL SECURITY NUMBER 178-05-0339		5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. 0 Days 0
5c. Under 1 Day Hours 0 Mins. 0		6. BIRTHPLACE (City and State or Foreign) SEAHORIN, PA	
7. DATE OF BIRTH (Month, Day, Year) May 8, 1908			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath			
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Parts Manager		13b. KIND OF BUSINESS/INDUSTRY Hughes Aircraft	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SPOUSE (If Married, Widowed) Eleanor	
16a. RESIDENCE - STATE Oregon		16b. CITY, TOWN OR LOCATION Sprague River	
16c. STREET AND NUMBER P.O. Box 382			
17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. ZIP CODE 97639	
19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		20. RACE White	
21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary () College (14 or 5+) 6			
22. FATHER - NAME first middle last Harry - Derk		23. MOTHER - NAME first middle maiden Dora - Beacham	
24. INFORMANT - NAME and relationship to decedent Eleanor Derk, wife			
25. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Cremation Service		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, OR 97601	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		28. LICENSE NUMBER (Of Licensee) 47-3104	
29. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		30. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
31. DATE FILED (Month, Day, Year) JAN 3 1992		32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
34. TIME OF DEATH 19:20 P		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. TO THE BEST OF MY KNOWLEDGE, DRAFTS OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>Blake D. Berven</i>			
37. DATE SIGNED (Month, Day, Year) January 2, 1992			
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
40. 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.			
PART I (a) Acute Myocardial Infarction		Interval between onset and death 10 minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 18 yrs. 9 mos.	
(b) ASHD		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
PART II (c) Diabetes Mellitus		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		39. If YES were findings considered in determining cause of death?	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY M		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		45. DESCRIBE HOW INJURY OCCURRED	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED

JAN 3 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eleanor Derk the 7th day of Jan. A.D., 19 92 at 2:04 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 351.

FEE \$8.00

Return: Eleanor Derk

P.O. Box 382, Sprague River, Or. 97639

Evelyn Biehn, County Clerk
By *Pauline Mulender*