

64447

STATE OF OREGON  
FINANCING STATEMENT STANDARD FORM UCC-1Vol. m93 Page 16775

Please Type

CUSTOMER NUMBER:

This FINANCING STATEMENT is presented pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filing, unless extended for additional periods as provided by ORS Chapter 79.

A. Check (X) one: ☒ DEBTOR NAME, ☐ CONSIGNEE, ☐ LESSEE Social Sec. Number or TIN  
(If individual list last name first)

1. RUPERT, NORMAN W. 545-36-7557

2. RUPERT, PAULINE M. 543-36-2081

3. \_\_\_\_\_  
(Last Name) (First Name) (Middle)

DEBTOR MAILING ADDRESS:

4212 BRISTOL  
KLAMATH FALLS, OR 97603

Total Debtor Names: 2

Reserved for Filing Officer Use

B. Check (X) one: ☒ SECURED PARTY, ☐ CONSIGNOR, ☐ LESSOR  
NAME AND ADDRESS (from which security information is obtainable)

WESTERN BANK  
2885 South Sixth Street  
P.O. Box 1864  
Klamath Falls, OR 97601-0234  
Telephone Number: (503) 882-7704

C. ASSIGNEE NAME AND ADDRESS (if any)

Telephone Number:

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

Total number of attachments

1984 FUQUA MOBILE HOME, SN#8092; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to any of the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds)

Check (X) if covered: ☒ PROCEEDS of collateral are also covered☒ PRODUCTS of collateral are also covered

E. DEBTOR'S SIGNATURE NOT REQUIRED. This statement is filed without the debtor's signature to perfect a security interest in collateral (if applicable check box): (1) ☐ collateral already subject to a security interest in another jurisdiction; (2) ☐ Which is proceeds of the described original collateral which was perfected; (3) ☐ Collateral as to which the filing has lapsed; or (4) ☐ Collateral acquired after a change of name, identity or corporate structure of debtor.

F. DEBTOR IS A TRANSMITTING  
☐ UTILITY (ORS 79.4010)

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

By: Norman W. RupertBy: Pauline M. Rupert

Required Signature(s)

Use the following spaces only for Farm Products requiring Effective Financing Statement (EFS) filing.

## FARM PRODUCTS EFFECTIVE FINANCING STATEMENT FORM EFS-1

This FARM PRODUCTS EFFECTIVE FINANCING STATEMENT is presented to the filing officer pursuant to ORS Chapter 79. This statement remains effective for period of five years from the date of filing, subject to extensions for additional periods as provided for by ORS Chapter 79.

FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (if applicable)	AMOUNT (if applicable)	DESCRIPTION/LOCATION (if applicable)
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EFS Statement requires signature of debtor(s) and secured party(ies).

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Signature of Debtor(s)

Signature of Secured Party

Source of Payment:

Cash ☐ Check ☐ # \_\_\_\_\_Visa/MasterCard ☐  
(See instructions)

RETURN ACKNOWLEDGMENT COPY TO: (name and address)

WESTERN BANK  
2885 South Sixth Street  
P.O. Box 1864  
Klamath Falls, OR 97601-0234

attn: Cindy

SUBMIT COMPLETED FORM TO:  
Secretary of State, UCC Section  
Capitol Building, Room 41  
Salem, OR 97310  
(503) 378-4146  
FAX (503) 373-1168

Please do not type outside of bracketed area

ORIGINAL COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 12th day  
of July A.D., 19 93 at 3:38 o'clock P.M., and duly recorded in Vol. M93,  
of Deeds on Page 16775.

Evelyn Biehn - County Clerk

By: Pauline M. Rupert

FEE \$5.00