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MTC 30323-MK

STATE OF OREGON

UNIFORM COMMERCIAL CODE

FINANCING STATEMENT

REAL PROPERTY - Form UCC-1A

THIS FORM FOR 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): GORDON SCHMID	2A. Secured Party Name(s): JEFF BROWNS	4A. Assignee of Secured Party (if any):
1B. Debtor Mailing Address(es): P.O. Box 623 Keno, OR 97627	2B. Address of Secured Party from which security information is obtainable: 5758 Crater Lake Ave. Central Point, OR 97502	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: X See below
- ☐ 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)

This financing statement covers all timber lying and standing on the real property described in Exhibit 1 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 attached additional sheets: _____

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 the debtor required in most cases.

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

By:

X W. Gordon Schmid

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)

Jeff Browns
c/o Lee A. Mills
P.O. Box 128
Medford, OR 97501

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 in the the financing statement bearing the recording number shown above.

By: _____

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 20th day
of July A.D., 19 93 at 1:47 o'clock P.M., and duly recorded in Vol. M93
of Mortgages on Page 17574

FEE \$5.00

Evelyn Biehn County Clerk

By Darlene Mulholland

Local File Number **mtc 24924** State File Number

1. DECEDENT'S NAME First **Stella** Middle **Marie** Last **WILSON** 2. SEX **F** 3. DATE OF DEATH (Month, Day, Year) **May 12, 1993**

4. SOCIAL SECURITY NUMBER **521-22-8301** 5a. AGE - Last Birthday (Years) **69** 5b. Under 1 Year Mo. Days Hours 5c. Under 1 Day Mo. Days Hours 6. BIRTHPLACE (City and State or Foreign Country) **Pueblo, CO** 7. DATE OF BIRTH (Month, Day, Year) **Feb. 3, 1924**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 9a. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ SNHS ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Sacred Heart General Hospital** 9c. CITY, TOWN, OR LOCATION OF DEATH **Eugene** 9d. COUNTY OF DEATH **Lane**

10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) **homemaker** 10b. KIND OF BUSINESS/INDUSTRY **own home** 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Married** 12. SPOUSE (If Married, Widowed) **William Wilson**

13a. RESIDENCE - STATE **Oregon** 13b. COUNTY **Lane** 13c. CITY, TOWN, OR LOCATION **Eugene** 13d. STREET AND NUMBER **320 Ferndale**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: 15. RACE American Indian, Black, White, etc. (Specify) **white** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **8** College (1-4 or 5-)

17. FATHER - NAME first middle last **John Wesley Taylor SR** 18. MOTHER - NAME first middle maiden **Erma B. Cook** 19. INFORMANT - NAME and relationship to decedent **husband - William Wilson**

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) **Parklawn Cemetery** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Parklawn Cemetery** 20c. LOCATION - City or Town, State **The Dalles, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *Marjorie Powell* 21b. LICENSE NUMBER (Of Licensee) **0080** 22. NAME, ADDRESS AND ZIP OF FACILITY **Spencer, Libby & Powell Funeral Home 1100 Kelly Ave., The Dalles, OR 97058**

23. DATE FILED (Month, Day, Year) **MAY 20 1993** 24. REGISTRAR'S SIGNATURE *[Signature]*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? ☐ YES ☒ NO ☐ N/A 26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH **2:40 A.** 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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) *[Signature]*

30. DATE SIGNED (Month, Day, Year) **5/12/1993**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) **Dennis Gory M.D. 1200 Hilyard St. Eugene, OR 97401**

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) *[Signature]*

33. DATE SIGNED (Month, Day, Year) COUNTY

34. 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) **CONGESTIVE HEART FAILURE** Interval between onset and death **1 YEAR**

(b) **CORONARY ARTERY DISEASE** Interval between onset and death

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

PART II 37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☒ No 38. AUTOPSY ☐ Yes ☒ No 39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY **M** 41c. INJURY AT WORK? ☐ Yes ☒ 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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED: **MAY 20 1993**

KENNETH W. CHAMPTON
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title Co** the **20th** day of **July** A.D., 19 **93** at **1:47** o'clock **P** M., and duly recorded in Vol. **M93** of **Deeds** on Page **17575**.

FEE \$10.00

Evelyn Biehn County Clerk

By *[Signature]*

Return: Wm. C. Wilson, 320 Ferndale, Eugene, Or. 97404