

66032

STATE OF OREGON
FINANCING STATEMENT STANDARD FORM UCC-1

Volume 3 Page 19820

Please Type

ATC 40261

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. MACARTHUR, BETTY A.

452-94-3912

2.

3.

(Last Name)

(First Name)

(Middle)

DEBTOR MAILING ADDRESS:

1408 ARTHUR APT 14

KLAMATH FALLS, OR 97603

Total Debtor Names: 1

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

1987 FLEETWOOD FESTIVAL, SN#WAFLEIAH063107370; 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:

Betty MacArthur

By:

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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--	--	--	--	
--	--	--	--	
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EFS Statement requires signature of debtor(s) and secured party(ies).

By:

By:

Signature of Secured Party

By:

Signature of Debtor(s)

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

SUBMIT COMPLETED FORM TO:
Secretary of State, UCC Section
Capitol Building, Room 41
Salem, OR 97310
(503) 376-4146
FAX (503) 373-1166

Please do not type outside of bracketed area

ORIGINAL COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 10th day
of Aug. A.D., 19 93 at 11:38 o'clock A M., and duly recorded in Vol. M93
of Mortgages on Page 19820

FEE \$5.00

Evelyn Biehn County Clerk

By

Dorlene M. M. M.