Registre, inc. Siamencest. And BOX218 ANCHA 141 15503 [612] 421-175

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Vol.m94 Page 29819

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STATE OF OREGON UNIFORM COMMERCIAL CODE

FINANCING STATEMENT

REAL PROPERTY - Form UCC-1A
THIS FORM FOR COUNTY FILING OFFICER USE ONLY

his FINANCING STATEMENT is presented		unsuant to the I	Jnilorm Commercial Code.
	2A. Sc cunx: Party Name(s):	I	4A. Assignee of Secured Party (if any):
iA. Debtor Name(s):	WASHILIGTON MUTUAL,	FSB	
DONALD A GATES	MYOUTHUTUNE HA		
JEANIE V GATES	2B. Arkires: of Secured Party in	om which security	4B. Address of Assignee:
1B. Debtor Mailing Address(es): 3061 FOREST VIEW DR	nformation is obtainable:		
CHILIQUIN, OR 97624	1301 CENTER DR	I	
CUTERADEN? OK 21004	MEDFORD, OR 975)	L ]	
		1	
3 This financing statement covers the following types	(or items) of property (check if app	olicable):	
1978	14'x66' FLEETW <del>000</del>		etanding on:
X The goods are to become fixtures on: #807		The above timber is	
The above minerals or the like (including gas	and oil) or accounts will be final o	ed at the wellhead o	or minehead of the well or mine located on: (describe
real estate)	CURREN	TOTAL TRACT	NO 1053.
			ot have an interest of record) The name of a record
aka Mahusalcien kakanjen antrokombo ion	Application of application in a feet for		
	nvered Numb	er of attached addit	ional sheets:
Check box if products of collateral are also conceptor hereby authorizes the Secured Party to record	a carby nunh stooranhic or offine re	production of this fo	orm, financing statement or security agreement as a
financing statement under OHS Chapter 79.	V i	101	Yales
Signature of the debtor required in most cases.	3y: 200	la U. Z	1 67 6
Signature(s) of Secured Party in cases covered by ORS 79.4020		Camil V	Tatas
UNG 15.4020		Required signal	ture(s)
	INSTRUCTION	<u> </u>	
1. PLEASE TYPE THIS FORM.			
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and the form to	inader nate, the item(s) should be	e continued on addit	tional sheets. Only one copy of such additional
2. If the space provided for any item(s) on this form i sheets need to be presented to the county filing offic	s inadequate, the item(s) should be er. DO NOT STAPLE OR TAPE A	e continued on addit NYTHING TO THIS	tional sheets. Only one copy of such additional S FORM.
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