|  |  | AOI WILL  | Page 5258                                     |
|--|--|---|---|
| UCC FINANCING STATEMENT  |  |   |   |
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]   |  |   |   |
| Janet S. Canterberry   |  |   |   |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |   |
| Midland Loan Services, Inc.  | 7  |   |   |
| Attn: Janet S. Canterberry P O Box 419127  | 1  |   |   |
| Kansas City, MO 64141-6127   |  |   |   |
|  |  |   |   |
| 1  |  |   |   |
|  |  |   |   |
| 1. DEBTOR'S EXACT FULL I FGAL NAME insect and the second   | THE  | ABOVE SPACE IS FOR FILIN  | G OFFICE USE ONLY                             |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor no     1a. ORGANIZATION'S NAME   | ame (1a or 1b) - do not abbreviate or combine na   | mes   |   |
| Applegate Trail Apartments, Limited Partnership  |  |   |   |
| 16. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME   | SUFFIX  |
| c. MAILING ADDRESS   |  |   |   |
| 121 SW Morrison St. Ste 1000   | Portland   | STATE POSTAL  |   |
| d. TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATI   |  | OR 97204  | 1001  |
| ORGANIZATION Limited Partnership   | Oregon   | 26409492  | NAL ID #, if any                              |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  | ly one debtor name (2a or 2b) - do not abbreviate  | 36408482  |   |
| 2a. ORGANIZATION'S NAME Northwest Affordable Housing, Inc.   |  | or combine names  |   |
| R 2b. INDIVIDUAL'S LAST NAME   | FIRST NAME   |   |   |
|  | FINST NAME   | MIDDLE NAME   | SUFFIX  |
| . MAILING ADDRESS  | CITY   | STATE POSTAL  | CODE  |
| 21 SW Morrison #1000<br>I. TAXID #: SSN OR EIN TADD'LINFO RE 126 TYPE OF ORGANIZATIO   | Portland   | OR 97204  | CODE COUNTR<br>USA                            |
| 3-1120307 ORGANIZATION   | The state of the s | 2g. ORGANIZATION  |   |
|  | Oregon   | 27440783  |   |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE ASSIGNEE OF ASSIGN | GNOR S/P) - insert only <u>one</u> secured party name  | (3a or 3b)  |   |
| LaSalle Bank National Association,**   |  |   |   |
| 3b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME   | TSUFFIX                                       |
| MAILING ADDRESS  |  |   |   |
| 35 S. LaSalle Street, Suite 200  | Chicago  | STATE POSTAL C  | CODE COUNTRY                                  |
| This FINANCING STATEMENT covers the following collateral:  | Cincago  | IL 60603  | USA   |
| **f/k/a LaSallc National Bank, as Trustee for the Registered Cer Certificates, Series 1996-C2.  Debtor grants Secured Party a security interest in all assets of the located, including without limitation, accounts (including health-claims, letter of credit rights, chattel paper (including electronic payment intangibles),software, goods, inventory, equipment, furnand products (including without limitation insurance proceeds) of thereof.  See attached Eshibit "A" for legal description.  | Debtor, of every kind and nature, now c<br>care-insurance receivables and credit car<br>chattel paper), documents, instruments, in   | existing and hereafter acquired to certain and hereafter acquired receivables), deposit accounts the property, general in | d and arising and whatevents, commercial tort |
|  |  | R SELLER/BUYER A  |   |
| ESTATE RECORDS Attach Add to be filed [for record] (or recorded) in the  | ONSIGNEE/CONSIGNOR BAILEE/BAILO REAL 7. Check to REQUEST SEARCH RE policable IADDITIONAL FEEL  | PORT(S) on Deblor(s) [ootional] All D   | G. LIEN NON-UCC FILE Debtors Debtor 1 Debtor  |

| FIRST NAME   | U<br>FC      | CC FINANCING  | G STATEM                          | ENT ADDENDU                  | M                     |                         | ľ                  |             |                           |                |
|--|--------------|---|-----------------------------------|------------------------------|-----------------------|-------------------------|--------------------|-------------|---------------------------|----------------|
| Applicable Trial Apartments, Limited Partnership  B. NOTHONAL DEBTOR'S EXACT FULL LEGAL NAME: Insert only gag name (11s or 11t) - do not abbreviate or combine reases.  10. MISCELLANEOUS:  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  THE ABOVE SPACE IS FOR FI | 9.           | NAME OF FIRST DEP                                       | STOR (1a or 1b)                   | ON RELATED FINANCIALS        |                       |                         | İ                  |             |                           |                |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ON.  II. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Wast only got name (11s or 11t) - do not abbreviate or combine names  Northwest Affordable Housing Partners, Limited Partnership  III. ROPIGOMEATICHS NAME  Northwest Affordable Housing Partners, Limited Partnership  III. ROPIGOMEATICHS NAME  NORTHWEST NAME  PREST NAME  PREST NAME  POSTAL CODE  GOLFRE  STATE  POSTAL CODE  GOLFRE  STATE  POSTAL CODE  GOLFRE  TO GRANAZATION  LIMITED PARTN'S BY  ASSIGNOR SIPS  NAME - Invest only again name (12s or 12b)  PREST NAME  |              | 9a. ORGANIZATION'S NAME                                 |                                   |                              |                       |                         | 1                  |             |                           |                |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ON.  II. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. Wast only got name (11s or 11t) - do not abbreviate or combine names  Northwest Affordable Housing Partners, Limited Partnership  III. ROPIGOMEATICHS NAME  Northwest Affordable Housing Partners, Limited Partnership  III. ROPIGOMEATICHS NAME  NORTHWEST NAME  PREST NAME  PREST NAME  POSTAL CODE  GOLFRE  STATE  POSTAL CODE  GOLFRE  STATE  POSTAL CODE  GOLFRE  TO GRANAZATION  LIMITED PARTN'S BY  ASSIGNOR SIPS  NAME - Invest only again name (12s or 12b)  PREST NAME  | _            | Applegate Trail A                                       |                                   |                              |                       |                         |                    |             |                           |                |
| 10. MISCELLANEOUS:  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  THE ABOVE SPACE IS FOR FILING OF INTEREST.  THE | U            | 96. INDIVIDUAL'S LAST                                   |                                   |                              |                       |                         |                    |             |                           |                |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: Pased body gog name (11s of 11s) - do not abbreviate or combine names  Northwest Affordable Housing Partners, Limited Partnership  11s. ROPIDIOLIS LIST NAME    PRIST NAME  |              | 1   |                                   | . INCO I CAME                | MIDDLE                | NAME, SUFFIX            |                    |             |                           |                |
| The FINANCING STATEMENT covers   umber to be cut or   as-extracted   | 10           | . MISCELLANEOUS:  |                                   |                              |                       |                         |                    |             |                           |                |
| The FINANCING STATEMENT covers   umber to be cut or   as-extracted   |              |   |                                   |                              |                       |                         |                    |             |                           |                |
| Northwest Affordable Housing Partners, Limited Partnership    Rist NAME  | 11.          | ADDITIONAL DEBTO  | R'S EXACT FULL                    | LEGAL NAME - insert only on  | 2 20 20 444 444       |                         | THE ABOV           | E SPACE     | IS FOR FILING OFFICE      | USE ONLY       |
| FIRST NAME   |              |   |                                   |                              |                       | do not abbrevia         | ite or combine nan | nes         |                           |                |
| FIRST NAME   | or           | Northwest Affordab                                      | le Housing Par                    | tners, Limited Partnershi    | מ                     |                         |                    |             |                           |                |
| To MAILING ADDRESS  21 SW MORTISON #1000  Portland  OR 97204  USA  10 TAX 10 P. SSN OR EIN   ADDILINFO RE   Tile, TYPE OF ORGANIZATION   Limited Partnership   Oregon   27440882  1129 97    ORGANIZATION   Limited Partnership   Oregon   27440882    Tile ADDITIONAL SECURED PARTY'S or   ASSIGNOR S/P'S   NAME   Insert only answer (12a or 12b)    Tile INDIVIDUAL'S LAST NAME   STATE   STATE   POSTAL CODE   OUNTRY  | ٠.,          | 11b. INDIVIDUAL'S LAST N                                | IAME                              |                              |                       |                         |                    | Luna, s     |                           |                |
| 21 SW Morrison #1000 Portland  |              |   |                                   |                              |                       |                         |                    | MIDDLE      | NAME                      | SUFFIX         |
| Portland   STATE   POSTAL CODE   COUNTRY   | 1c.          | MAILING ADDRESS   |                                   |                              | CITY                  |                         |                    |             |                           | 1              |
| MANUAL SENCREM   ADDI.NFO RE   114 - TYPE OF ORGANIZATION   TIJ JURISDICTION OF ORGANIZATION   TIJ G. ORGANIZATIONAL ID #, if any 27440882   To 2744082   To 27440882   To 2744082   To 2744082   To   | 21           | SW Morrison #1000                                       | )                                 |                              | 1                     |                         |                    |             |                           | COUNTRY        |
| Description of real estate.    Additional Secure of Secu | 1d.          | TAX ID #: SSN OR EIN                                    | ADD'L INFO RE                     | 11e. TYPE OF ORGANIZATION    |                       | NOT OBOVE               |                    |             |                           | USA            |
| 2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12e or 12b)  12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  Oblidiateral, or is filed as a   | 13-          | 1129397   |                                   |                              |                       | NOF ORGANIZ             | ZATION             |             |                           | <del></del>    |
| 12a. ORGANIZATION'S NAME   SUFFIX  | 2.           |   |                                   |                              |                       |                         |                    | 27440882    |                           | NON            |
| SUFFIX   |              | 12a. ORGANIZATION'S NAI                                 | ME PARTYS                         | or   ASSIGNOR S/P'           | S NAME - insert or    | nly <u>one</u> name (1: | 2a or 12b)         |             |                           | I INON         |
| SUFFIX   | ı            |   |                                   |                              |                       |                         |                    |             |                           | <del></del>    |
| C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  This FINANCING STATEMENT covers  | R            | 12b. INDIVIDUAL'S LAST N                                | AME                               |                              |                       |                         |                    |             |                           |                |
| C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  This FINANCING STATEMENT covers   timber to be cut or   as-extracted   16. Additional collateral description:  Description of real estate:  Name and address of a RECORD OWNER of above-described real estate  17. Check both if applicable and check body one box.  Debtor is a   Trust or   Trustee acting with respect to property held in trust or   Decedent's Esta   18. Check body is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — affective 30 years   | - [          |   | AME.                              |                              | FIRST NAME            |                         |                    | MIDDLE      | NAME                      | TRUEEN         |
| This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is flied as a fixture fiting.  16. Additional collateral description:  17. Check pobly if applicable and check pobly one box.  Debtor is a Trust or Trustee sting with respect to property held in trust or Decedent's Esta 18. Check pobly if applicable and check pobly one box.  Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years  | _            | AAII ING ADORESS  |                                   |                              | 1                     |                         |                    | l           |                           | 0011112        |
| This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a instrure filing.  Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  17. Check poby if applicable and check poly one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years  | <b>U</b> . 1 | MAICING ADDRESS   |                                   |                              | CITY                  | <del></del>             |                    | STATE       | POSTAL CODE               | COUNTRY        |
| Collateral, or is filed as a   | _            |   |                                   |                              | 1                     |                         |                    | i           |                           | COONTRY        |
| 17. Check <u>pnly</u> if applicable and check <u>pnly</u> one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Esta  18. Check <u>pnly</u> if applicable and check <u>pnly</u> one box.  Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years   | 0            | ollateral, or is filed as a                             | fixture filing.                   | ar to be cut or as-extracted | 16. Additional coli   | ateral descriptio       | n:                 |             |                           |                |
| Deblor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years  | Na<br>(if l  | me and address of a RECO<br>Debtor does not have a reco | RD OWNER of abov<br>rd interest); |                              |                       |                         |                    |             |                           |                |
| Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years  |              | e.  |                                   | ľ                            | 18. Check only if app | licable and che         | ck only one how    | oci io prop | erty neto in trust or Dec | edent's Estate |
| Filed in connection with a Manufactured-Home Transaction — effective 30 years  |              |   |                                   |                              |                       |                         |                    |             |                           |                |
| Manufactured-Home Transaction — effective 30 years   |              |   |                                   |                              |                       |                         |                    |             |                           |                |
| Filed in connection with a Public-Finance Transaction — effective 30 years   |              |   |                                   | li                           | Filed to an           | - wur e Manufa          | actured-Home Tran  | nsaction    | effective 30 years        |                |

## LEGAL DESCRIPTION

A tract of land situated in the Southwest quarter of Section 11, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the initial point on the South right of way line of Bristol Avenue, from which the Northwest corner of Tract No. 1026 bears North 89°32'55" East 520.00 feet and S-N-S 1/256 corner bears South 89°38' West 916.15 feet and North 30.00 feet by Deed; thence North 89°32'55" East along said right of way, 260.00 feet, to the Northwest corner of that tract of land described in Volume M87, Page 14676, Microfilm Records of Klamath County, Oregon; thence, along the boundaries of said tract and that tract described in Volume M96, Page 19616, Microfilm Records of Klamath County, Oregon, South 00°27'05" East 295.00 feet and North 89°32'55" East 150.00 feet; thence South 00°27'05" East 120.00 feet; thence North 89°32'55" East 126.30 feet, to the Westerly boundary of Tract 1026 - THE MEADOWS, a duly recorded subdivision; thence along said boundary South 22°42'12" East 79.24 feet and South 37°56'58" East 89.06 feet; thence along the Northerly right of way line of the U.S.B.R. 1-C-3-B Drain, South 47°42'00" West 152.16 feet; thence along the Northerly right of way of the U.S.B.R. F-7 (A-3-C) Lateral, North 59°30'00" West 811.30 feet to the Westerly line of that property described in Deed Volume 284, Page 485, Deed Records of Klamath County, Oregon; thence following said Westerly line; North 00°27'05" West 61.45 feet, North 67°54'55" East 202.89 feet and North 00°27'05" West 107.00 feet to the point of beginning.

TOGETHER WITH an easement as evidenced by Warranty Deed dated June 14, 1976, recorded June 28, 1976, in volume M76, Page 9724, Microfilm Records of Klamath County, Oregon, and an easement as evidenced by Warranty Deed dated November 6, 1978, recorded November 20, 1978, in Volume M78, Page 26188, Microfilm Records of Klamath County, Oregon.