

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 03/14/2002 1:58 p. m.Vol M02, Pg 15176-78

Linda Smith, County Clerk

Fee \$ 3.00 # of Pgs 3A. NAME & PHONE OF CONTACT AT FILER [optional]  
BRENDA JONES (402) 462-4128

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

MAR 14 PM 1:58

PK:  
T-L CREDIT COMPANY  
PO BOX 1386  
HASTINGS NE 68902

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

E.G. KEARNS RANCHES

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

9350 HWY 66

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

93-0483092

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

KEARNS

FIRST NAME

ELAINE

MIDDLE NAME

G

SUFFIX

2c. MAILING ADDRESS

9350 HWY 66

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

2d. TAX ID #: SSN OR EIN

540-50-2350

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

T-L CREDIT COMPANY, A DIVISION OF T-L IRRIGATION CO

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

PO BOX 1386

CITY

HASTINGS

STATE

NE

POSTAL CODE

68902

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

1 - 865/765W 9 TOWER T-L IRRIGATION SYSTEM INCLUDING 1 - 15HP 3PH 460V ELECTRIC  
MOTOR AND PANEL AND ALL OTHER ACCESSORIES S/N 18616.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

E.G. KEARNS RANCHES: *E.G. Kearns Ranch*ELAINE G. KEARNS: *Elaine G Kearns*KLAMATH COUNTY OREGON  
FILING OFFICER COPY

LOAN 1235

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

REORDER FROM  
Registré, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN 55303  
(763) 421-1713

\$36.00

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME E.G. KEARNS RANCHES		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME KEARNS	FIRST NAME MARTIN	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 9350 HWY 66		CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97601
11d. TAX ID #: SSN OR EIN 543-40-9367		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
11g. ORGANIZATIONAL ID #, if any				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY


13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

## 14. Description of real estate:

SECTION 27 - T 39 S - R 8  
KLAMATH COUNTY, OREGON15. Name and address of a RECORD OWNER of above-described real estate  
(if Debtor does not have a record interest):

MARTIN &amp; SHIRLEY KEARNS

## 16. Additional collateral description:

MARTIN KEARNS: 17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
- ☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
- ☐ Filed in connection with a Public-Finance Transaction — effective 30 years

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9a. ORGANIZATION'S NAME		
E.G. KEARNS RANCHES		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

## 10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	KEARNS		LYNDON		
11c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
9350 HWY 66			KLAMATH FALLS	OR	97601
					COUNTRY
					USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
541-60-0698					
					<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
					COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

LYNDON KEARNS:

*Lyndon Kearns*17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years

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