JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY	Sta	Vol <u>MO2</u> Page	of Klamat
A. NAME & PHONE OF CONTACT AT FILER (optional)	Rec	orded 03/19/2002 9:36	<u>a</u>
Anna Kuehl 800-648-8026	Vol	M02, Pg 15934-36	
Diversified Financial Services, LLC 14010 First National Bank Pkwy #205 Omaha, NE 68154	Fee	da Smith, County Clerk \$ <u>る/ ⁶²</u> # of Pgs	3
L		SPACE IS FOR FILING OFFICE I	IST ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor in	name (1a or 1b) - do not abbreviate or combine names	SPACE IS FOR FILING OFFICE (JSE ONLY
1a. ORGANIZATION'S NAME	of Gorina Harries		
R 1b. INDIVIDUAL'S LAST NAME			
Merkley	FIRST NAME	MIDDLE NAME	ISUFFIX
MAILING ADDRESS	Carson	1	1
70 Teare Lane	CITY	STATE POSTAL CODE	COUNT
	Bonanza	OR 97623	
ORGANIZATION	ION 11. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if an	y
ORGANIZATION DEBTOR	1		_
ORGANIZATION	1		_
ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME	1		_
ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME	nly one debtor name (2a or 2b) - do not abbreviate or comb	oine names	_
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ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME Elizabeth	MIDDLE NAME	
ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Merkley MAILING ADDRESS 7070 Teare Lane	FIRST NAME Elizabeth	MIDDLE NAME STATE POSTAL CODE	SUFFIX
ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Merkley MAILING ADDRESS 7070 Teare Lane TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION ADD'L INFO RE 26. TYPE OF ORGANIZATION 20. TYPE OF ORGA	FIRST NAME Elizabeth CITY Bonanza	MIDDLE NAME STATE POSTAL CODE OR 97623	SUFFIX
ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Merkley MAILING ADDRESS 7070 Teare Lane	FIRST NAME Elizabeth CITY Bonanza	MIDDLE NAME STATE POSTAL CODE	SUFFIX
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ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Merkley MAILING ADDRESS 7070 Teare Lane TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF OR	FIRST NAME CITY Bonanza ON 21. JURISDICTION OF ORGANIZATION IGNOR S/P) - insert only one secured party name (3a or 3	MIDDLE NAME STATE POSTAL CODE OR 97623 2g. ORGANIZATIONAL ID #, if any	SUFFIX

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONCIONEE
6. This FINANCING STATEMENT IS TO BE FIRST TO SECOND TO	BAILEE/BAILUR I SELLENBUYER I IAG LIEN I NON HICCEILING
LESTATE RECORDS. Attach Addendum	lif annicable) [ADDITIONAL FEET
8. OPTIONAL FILER REFERENCE DATA	In abbrication AUDITIONAL FEET (optional) All Debtors Debtor 1 Debtor 2
#8717001	

OLLOW INSTRUCTIONS (front and D. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING	STATEMENT		
9a. ORGANIZATION'S NAME				
DR				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
Merkley	Carson		2*	
0. MISCELLANEOUS:				
		i		
		ļ		
			1 DOME	
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME , insert only	THE one name (11a or 11b) - do not abbreviate or comb	ABOVE SPACE IS FOR FILING O	FFICE USE ONLY
11a. ORGANIZATION'S NAME	The state of the s	vite harne (118 or 11b) - do not abbreviate or comb	pine names	
R				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS				1
C. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO	RE 11e. TYPE OF ORGANIZATION			- 1
ORGANIZATI	ION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #,	if any
ADDITIONAL SECURED PAR	77/10			Пм
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or [] ASSIGNOR S/	P'S NAME - insert only one name (12a or 12b)		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		
		The state of the s	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	
			STATE FOSTAL CODE	COUNTRY
This FINANCING STATEMENT covers	timber to be cut or as-extracted	ed 16. Additional collateral description:		
collateral, or is filed as a fixture filing. Description of real estate:	. _	,		
See Exhibit "A"; Klamath Co	unty, OR			
		1		
Name and address of a RECORD OWNER	of above-described real estate			
(II Deptor does not have a record interest):		1		
arson & Elizabeth Merkley				
•		17. Check only if applicable and check only or		
			ne hay	
				_
		Debtor is a Trust or Trustee acting v	with respect to property held in trust or	Decedent's Esta
		Debtor is a Trust or Trustee acting to 18. Check only if applicable and check only or	with respect to property held in trust or	Decedent's Esta
		Debtor is a Trust or Trustee acting v	with respect to property held in trust or ne box.	Decedent's Esta

Exhibit "A"

The following described real property situate in Klamath County, Oregon:

NE1/4 SW1/4, SE1/4NW1/4 and Lots 2 and 3 of Section 30, Township 39 South, Range 12 East of the Willamette Meridian, Taxlot 696624.

Also a portion of the SW1/4 NE1/4 of Section 30, Township 39 South, Range 12 East of the Willamette Meridian, described as follows: A parcel of land lying West of a line draw from the Northwest corner of the SW1/4 NE1/4 of said Section 30, Township 39 South, Range 12 East of the Willamette Meridian diagonally across said forty until said line reaches the Southeast corner of said SW1/4 NE1/4 of said Section 30.

Saving and excepting from the above described parcels that portion which lies Northerly and Easterly of Teare Road.