

02 SEP 30 AM 10:46

Vol M02 Page 55315**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 09/30/2002 10:46 a. m.Vol M02, Pg 55315-16

Linda Smith, County Clerk

Fee \$ 26<sup>00</sup> # of Pgs 2**A. NAME & PHONE OF CONTACT AT FILER [optional]**

David M. Brown (636) 936-0900

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

David M. Brown, Chief Counsel  
 MONY Agricultural Investment Advisers  
 1286 Jungermann Road, Suite A  
 Saint Peters MO 63376

K59144 LV

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****OR 1b. INDIVIDUAL'S LAST NAME**

Northcutt

**FIRST NAME**

Leslie

**MIDDLE NAME**

E.

**SUFFIX****1c. MAILING ADDRESS**

24441 Malin Siding, P.O. Box 479

**CITY**

Malin

**STATE**

OR

**POSTAL CODE**

97632

**COUNTRY**

USA

**1d. TAX ID #: SSN OR EIN****ADDL. INFO RE  
ORGANIZATION  
DEBTOR****1e. TYPE OF ORGANIZATION****1f. JURISDICTION OF ORGANIZATION****1g. ORGANIZATIONAL ID #, if any**☐ NONE**2. 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**

Northcutt

**FIRST NAME**

Norma

**MIDDLE NAME**

V.

**SUFFIX****2c. MAILING ADDRESS**

24441 Malin Siding, P.O. Box 479

**CITY**

Malin

**STATE**

OR

**POSTAL CODE**

97632

**COUNTRY**

USA

**2d. TAX ID #: SSN OR EIN****ADDL. INFO RE  
ORGANIZATION  
DEBTOR****2e. TYPE OF ORGANIZATION****2f. JURISDICTION OF ORGANIZATION****2g. ORGANIZATIONAL ID #, if any**☐ NONE**3. 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**

MONY Life Insurance Company

**OR 3b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****3c. MAILING ADDRESS**

1740 Broadway

**CITY**

New York

**STATE**

NY

**POSTAL CODE**

10019

**COUNTRY**

USA

**4. This FINANCING STATEMENT covers the following collateral:**

All sprinklers, sprinkler heads and risers, pipelines, delivery systems, pumps and pumping plants, engines, turbines, generators, transformers, motors, mainlines (buried and above ground), laterals, center pivot irrigation systems, handline sprinkler systems, solid set drag lines, Wheel Lines and aluminum pipe, gearheads, drivelines, cooling jackets, underground pipe, underground tile, buried valves, flow meters, boosters, mainlines, and all other irrigation equipment and fixtures now or hereafter located on and used for water delivery and irrigation of the real property described in Box 14 of the Addendum attached hereto, together with all substitutions, replacements, additions and accessions thereto and any and all allied equipment, including by way of example, but not by way of limitation, electrical panels, control boxes, electrical wiring, pipes, valves, elbows, couplers, flanges, reducers, plugs, risers and sprinklers.

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 FEE) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

MONY Loan No. 12732 (Northcutt)

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

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K26

## 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    |            |                     |
| OR                         |            |                     |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| Northcutt                  | Leslie     | E.                  |

## 10. MISCELLANEOUS:

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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 | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |
| 11c. MAILING ADDRESS        | CITY                              | STATE                     | POSTAL CODE                       | COUNTRY                          |
| 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 |
|                             |                                   |                           |                                   | <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:

The South Half (S1/2) of the Northwest Quarter (NW1/4) and the North Half (N1/2) of the Southwest Quarter (SW1/4) of Section Nine (9), Township Forty-one (41) South, Range Twelve (12) East of the Willamette Meridian, Klamath County, Oregon, lying North of the USBR "D" Canal.

EXCEPTING THEREFROM that portion lying within public roads and that portion lying within the USBR "D" Canal.

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

Northcutt, Leslie E.  
Northcutt, Norma V.  
24441 Malin Siding  
P.O. Box 479  
Malin, OR 97632

## 16. Additional collateral description:

All water and water rights, whether riparian, appropriative or otherwise, appurtenant to or used in connection with the above described real property, ditch and ditch rights, and any shares of stock, licenses or permits evidencing such water and ditch rights, and all wells, reservoirs, dams, embankments or fixtures.

17. Check only if applicable and check only one box.

Debtor is a ☐ Debtor or ☒ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. 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