

02 OCT 15 PM 2:59

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> John L. Snyder (816) 460-2668	
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>  John L. Snyder, Esq. Sonnenschein Nath & Rosenthal 4520 Main Street, Suite 1100 Kansas City, Missouri 64111	

State of Oregon, County of Klamath  
Recorded 10/15/2002 2:59 m.  
Vol M02, Pg 58738-42  
Linda Smith, County Clerk  
Fee \$ 41 # of Pgs 5

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

<b>1a. ORGANIZATION'S NAME</b> Eldorado Heights Assisted Living Community, LLC				
<b>OR</b>				
<b>1b. INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>1c. MAILING ADDRESS</b> 2735 12th Street SE		<b>CITY</b> Salem	<b>STATE</b> OR	<b>POSTAL CODE</b> 97302
<b>1d. TAX ID #: SSN OR EIN</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>1e. TYPE OF ORGANIZATION</b> limited liability co.	<b>1f. JURISDICTION OF ORGANIZATION</b> Oregon
<b>1g. ORGANIZATIONAL ID #, if any</b> 073763-95				<input type="checkbox"/> NONE

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

<b>2a. ORGANIZATION'S NAME</b> Rini Wectawski, LLC				
<b>OR</b>				
<b>2b. INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>2c. MAILING ADDRESS</b> 2173 Essex Ln.		<b>CITY</b> Eugene	<b>STATE</b> OR	<b>POSTAL CODE</b> 97403
<b>2d. TAX ID #: SSN OR EIN</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>2e. TYPE OF ORGANIZATION</b> limited liability co.	<b>2f. JURISDICTION OF ORGANIZATION</b> Oregon
<b>2g. ORGANIZATIONAL ID #, if any</b> 103480-92				<input type="checkbox"/> NONE

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

<b>3a. ORGANIZATION'S NAME</b> Chase Bank of Texas, National Association*				
<b>OR</b>				
<b>3b. INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>3c. MAILING ADDRESS</b> c/o GMAC Commerical Mortgage Corp., 200 Witmer Rd.		<b>CITY</b> Horsham	<b>STATE</b> PA	<b>POSTAL CODE</b> 19044
			<b>COUNTRY</b> USA	

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

\*as trustee for the registered holders of Commercial Mortgage Bonds, Series 3, pursuant to that certain Series Supplement dated December 1, 1998, as amended.

See attached Schedule 1

<b>5. ALTERNATIVE DESIGNATION (if applicable):</b>		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
<b>6. This FINANCING STATEMENT is to be filed (or record) in the REAL ESTATE RECORDS.</b>		<b>7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)</b>					
<input checked="" type="checkbox"/> Attach Addendum		<input type="checkbox"/> (if applicable)		<input type="checkbox"/> (ADDITIONAL FEE)		<input type="checkbox"/> (optional)	
<b>8. OPTIONAL FILER REFERENCE DATA</b> Eldorado Heights Assisted Living Community, LLC							

**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 Eldorado Heights Assisted Living Community, LLC		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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 Smith's Eldorado Heights, LLC				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 2377 NW Birkendene St.		CITY Portland	STATE OR	POSTAL CODE 97229
			COUNTRY USA	
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION limited liability co.	11f. JURISDICTION OF ORGANIZATION Oregon	11g. ORGANIZATIONAL ID #, if any 099937-91
				<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:

See attached Exhibit A to Schedule 1

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):

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

58740

**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 Eldorado Heights Assisted Living Community, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

**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 Howard's Eldorado Heights, LLC				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 8172 SW Lori Way		CITY Beaverton	STATE OR	POSTAL CODE 97007
11d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION limited liability co.	11f. JURISDICTION OF ORGANIZATION Oregon
11g. ORGANIZATIONAL ID #, if any 104201-98				<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:

See attached Exhibit A to Schedule 1

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):

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

## SCHEDULE 1

DEBTORS: ELDORADO HEIGHTS ASSISTED LIVING COMMUNITY, LLC  
SMITH'S ELDORADO HEIGHTS, LLC  
HOWARD'S ELDORADO HEIGHTS, LLC  
RINI WECTAWSKI, LLC

SECURED PARTY: CHASE BANK OF TEXAS, NATIONAL ASSOCIATION

This Financing Statement covers the following types (or items) of property:

A. All engines and machinery, all heating, lighting, ventilating, cooling, refrigeration, water supply apparatus and fixtures, all water closets, basins, pipes, faucets, mantels, elevators, escalators, and snow and dirt removal equipment and all other apparatus, fixtures, equipment, personal property (except personal property and trade fixtures owned by tenants), and all replacements thereof, now or hereafter located upon and used or furnished in connection with the letting or operation of the property described in Exhibit A attached hereto (the "**Premises**"); and

B. All rents, royalties, profits, revenues, income and other benefits of and from the Premises, and all of the estate, right, title and interest of every nature whatsoever of Debtor in and to the same and every part and parcel thereof; and

C. All right, title and interest in and to the following, including the right to receive the same, to-wit:

a. All proceeds of insurance paid or payable as a result of damage to or destruction of the Premises; and

b. Any and all awards or payments, including interest thereon, which may be made with respect to the Premises as a result of: (i) the exercise of the right of eminent domain; (ii) the alteration of the grade of any streets or roads; and (iii) any other damage or injury to or decrease in the value of the Premises.

## DESCRIPTION OF PROPERTY

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

Parcel 1: A parcel of land situated in portions of Vacated Blocks 2, 3, 6, 7, 9 and 10, Eldorado Addition to the City of Klamath Falls, Oregon, in the County of Klamath, State of Oregon, more particularly described as follows: Beginning at a point being the intersection of the Southerly right of way line of Eldorado Boulevard and Northwest right of way line of Sloan Street; thence South  $38^{\circ}16'30''$  West along said right of way line of Sloan Street, a distance of 576.60 feet to the South right of way line of Dahlia Street; thence North  $51^{\circ}43'30''$  West along said right of way line, a distance of 25.00 feet; thence South  $38^{\circ}16'30''$  West a distance of 100.00 feet; thence North  $51^{\circ}43'30''$  West a distance of 175.00 feet; thence North  $38^{\circ}16'30''$  East a distance of 668.38 feet, to a point on the Southerly right of way line of Eldorado Boulevard; thence Southeasterly along the arc of a  $8^{\circ}28'30''$  curve to the right, a distance of 200.77 feet to the point of beginning.

Parcel 2: Lot 2, Block 10 Eldorado Addition to the City of Klamath Falls, EXCEPTING THEREFROM the Southeasterly 19 feet, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Parcel 3: Easement as disclosed in Cross Easement Agreement, recorded January 11, 1996 in Volume M96 page 922, Deed records of Klamath County, Oregon.