Č			* .			
'03 APR						
₹					•	
j	UCC FINANCING STATEMENT	•				
₹	FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
ан11:01	A. NAME & PHONE OF CONTACT AT FILER (optional)		Vol N	/ 03	_{Page} 1959	8
9	Jackie Miles (502) 721-9446 B. SEND ACKNOWLEDGMENT TO: (Name and Address)		VOI	100	r age	•
-	[Name and Address)		State of Ore	egon, (County of Klam	ath
			Recorded 04	/01/200	3_ 11401 /	_m .
	Agricultural Mortgage Company	1	Vol M03 Pg	195	98 - 400	'
	2209 River Road Louisville, KY 40206	į.	Linda Smith, Fee \$31	County #	y Clerk	
	Doubville, ki 40200		100 9		orrgs 3	_
				٩.		
ı		- 1		7		
. 4	DEBTOR'S EVACT FULL LEGAL MANY		THE ABOVE SP	ACE IS	OR FILING OFFICE	USE ON V
	 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name ORGANIZATION'S NAME 	me (1a or 1b) - do not abb	reviste or combine	nemee		GOE CHEY
_	PR				-	
	16. INDIVIOUAL'S LAST NAME	FIRST NAME		TANDO	E NAME	
_	SIMON	CHRISTINA	S 1	mibbo	E NAME	SUFFI
71	e MARLING ADDRESS 27111 GODOWA SPRINGS ROAD	CITY		STATE	POSTAL CODE	
10	4. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION	BEATTY		OR	97621	US
	28-90-6368 ORGANIZATION DEBTOR	11. JURISDICTION OF ORG	-		JANIZATIONAL ID #, II	any
2.	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only or	ne debtor name (2a or 2b)	- do not obbenica	<u></u>		
	2a. ORGANIZATION'S NAME		and the state of t	or com	one names	
OR	2b. INDIVIDUAL'S LAST NAME					
		FIRST NAME		MIDDLE	NAME	SUFFIX
2a.	MAILING ADDRESS	CITY				1
		K 7	-	STATE	POSTAL CODE	COUNTR
2d.	TAX ID #: SSN OR EIN ADD'L INFO RE 20, TYPE OF ORGANIZATION ORGANIZATION	21. JURISDICTION OF ORGA	NIZATION	2g. ONG	VICATIONAL ID F. H	
3. S	ECURED PARTY'S NAME (ANALY)	L				•
	ECURED PARTY'S NAME for NAME of TOTAL ASSIGNEE of ASSIGNOR'S.	/P) - insert only <u>one</u> secured per	ty name (3a or 3b)	٠		□ No
OR	U.S. BANK NATIONAL ASSOCIATION, AS CUS	TODIAN TRUSTEE	V 1		4	
		FIRST NAME		MIDDLE N	AME	
	IAIUNG ADDRESS					SUFFIX
	O EAST FIFTH STREET	CITY .		TATE	POSTAL CODE	COUNTRY
4. Th	is FINANCING STATEMENT covers the following colleteral:	ST PAUL	7	MN	55101	USA
A11	water and water rights now owned or he	Taaftar accid				
		Chto	4	_	_	
whe	ther or not appurtenant to the real est	ate described	on Exhibit	priat ***	ive or othe	rwise and
suc	h water or ditch rights, and all wells, ating thereto, along with all replaces	resorvoirs, d	ams, embani	ment	s or fixtur	rdencing
	ating thereto, along with all replaceme ceeds derived therefrom.	nts, substitut	ions, acces	sion	s thereto a	es nd
•	The state of the s					
DAC	irrigation equipment of every kind and pipe, sprinklers and motors, now owned	nature, inclu	ling center	irr	igation pivo	ots, pump
her	pipe, sprinklers and motors, now owned	or hereafter a	acquired by	Debt	tor and now	or
	ng with all replacements, substitutions	, accessions th	nereto and	proce	eds derived	therefro
5. ALTE	RNATIVE DESIGNATION (if applicable): LESSEELESSOR CONSIGNE	EE/CONSIGNOR BAILEE				
8. 🔲 🗜	his FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL STATE RECORDS. Attach Addendum		BAILOR SELLE	RVBUYER		
3. OPTIC	ONAL FILER REFERENCE DATA	7. Check to REQUEST SEAR (ADDITIONAL FEE)	optional	~~~	All Debtors Debto	or 1 Debtor 2
					-	
ILING (OFFICE COPY - NATIONAL LICC SIMANCING CTATCHER		Bankers Systems	Inc. Se.	Cloud MAN 5	
	OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM U	CC1) (REV. 07/29/98)		, mc., St. '	Cloud, MN Farm UCC-1	-LAZ 9/13/2000

<u>K3</u>

9. NAME OF FIRST DESTROY IS STATE S. MONACO THE STATE TARK S. THON CREATED FINANCING STATEMENT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SIMON CREATINA 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OF	UCC FINANCING STAT	EMENT ADDENDI	19599			
B. ORGANIZATIONS NAME THE ABOVE SPACE IN FOR PLING OFFICE USE ONLY THE ABOVE SPACE IN FOR THE ABOVE SPACE IN FOR PLING OFFICE USE ONLY THE ABOVE SPACE IN FOR				j		
SINON GRISTINA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE	9. ORGANIZATION'S NAME	OF RELATED FINANCING	STATEMENT	l		
SINON CERISTINA THE ABOVE SPACE IS FOR FILING OFFICE USE OMLY THE ABO	OR					
SINON CERISTINA THE ABOVE SPACE IS FOR FILING OFFICE USE OMLY THE ABO	96. INDIVIDUAL'S LAST NAME	I FIDET MALA				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR THE ABOVE THE ABO		1	MIDDLE NAME, SUFFIX			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OF ONLY THE ABOVE SPACE IS FOR FILING OF ONLY THE ABOVE SPACE IS FOR FILING OF ONLY THE ABOVE SPACE IS FOR FILING THE ABO		CHRISTINA				
116. ORGANIZATION'S NAME The MALING ADDRESS	10. MISCELLANEOUS:			•		
116. ORGANIZATION'S NAME The MALING ADDRESS	- 11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME . insect on	•	THE ABOVE SPACE IS F	FOR FILING OFFICE USE ONLY	
OR TID. NOTIFICAL SCAST NAME FIRST NAME	11a. ORGANIZATION'S NAME	OLL LEGAL NAME - Insert on	nly <u>one</u> name (11a or 11b) - do n	ot abbreviate or combine na	mes CSE ONLY	
THE MODITIONAL SEASON REM ADD'L INFO RE DESCRIBED PARTY'S SET ASSIGNOR						
THE MAKING ADDRESS CTY STATE POSTAL CODE COUNTRY THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TAX ID #: SSY OR EN ADDIL NO. BE THE TYPE OF ORGANIZATION OF THE TYPE OF THE T						
THE MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11d. TAX IO 5: SSN OR EN ADD'L NIO RE 11s. TYPE OF ORGANIZATION 11v. JUNSCICTON OF CROMMEATION 11s. ORGANIZATIONAL IO 5: If any processing to the control of the	TIB. INDIVIOUAL'S LAST NAME		FIRST NAME	MIDDLE NAM	F	
THE TAX ID #: SAN OR EM ADDIL NEG RE 110. TYPE OF GRAM/CATION 11. JUNISCICTION OF ORGANIZATION. 110. ORGANIZATIONAL ID #, if any toeston A TON COSTON AND COSTON AND ID # ORGANIZATION IN THE POSTAL CODE ID PROVIDED AND IN THE POSTAL CODE ID PROVIDED AND IN THE POSTAL CODE IN THE			A9 E	4 9	SUFFIX	
TILE TAX TO P: SEN OR EN ADD'L NFG RE TILE, TYPE OF ORGANICATION TIL, JURISUCTION OF ORGANIZATION TILG, ORGANIZATIONAL TO F, If any NECESSARY ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'S NAME : Insert only one name (12e or 12b) NET NEW PARTY NAME N	11c. MAILING ADDRESS		CITY	STATE LOOK	2741	
12 ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME insert only one name (12s or 12b) Name and softers of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 12			Market State	יייי וייייי	COUNTRY	
DESTOR 2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME insert only one name (12e or 12b) 12. ORGANEATION'S NAME WELLS PARCO HONE MORTCAGE, INC. 12b. NOVIVIAL'S LAST NAME WINTERPORME 17c. NAME MIDDLE NAME STATE STATE OF THE POSTAL CODE OUNTRY USA 13. This FINANCING STATEMENT covers infiner to be cut or sensitivated of 16. Additional collecteral description. 14. Description of real estats. 15. Name and address of a RECORD OWNER of above-described real estate (if Oebtor does not have a record interest). 17. Check only if applicable and check only one box. Debtor is a 1 Trust or Trustee acting with respect to property held in trust or Decadent's Estate 18. Check only if applicable and check only one box. Debtor is a 7 Trust or Trustee acting with respect to property held in trust or Decadent's Estate 18. Check only if applicable and check only one box. Debtor is a 7 Trust or Trustee acting with respect to property held in trust or Decadent's Estate 18. Check only if applicable and check only one box. Debtor is a 7 AMSWITTING UTRUTY Filed in connection with a Manufactured-Home Transaction - effective 3D years	11d. TAX ID #: SSN OR EIN ADD'L INFO RE	11. TYPE OF ORGANIZATION	111. JURISDICTION OF ORGANIZ	ATION		
22. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME insert only one name (12s or 12b) NAME	UNGANIZATION			119. ORGANIZ	ATIONAL ID #, if any	
WELLS FARCO HOME MORTGACE, INC. 12b. MOINTOUAL'S LAST NAME	12. ADDITIONAL SECURED PART	Y'S or FT ASSIGNOR				
125. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA 13. This Hard as flature filling flature filling 14. Description of read estate: 17. Check only if applicable and check only one box.	12a. ORGANIZATION'S NAME	TO BE ASSIGNOR S	NAME - insert pnly one n	ame (12a or 12b)		
125. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA 13. This Hard as flature filling flature filling 14. Description of read estate: 17. Check only if applicable and check only one box.	WELLS FARGO HOME MO	PTCACE INC				
12c. MAILING ADDRESS 2701 WELLS FARCO WAY 13. This FINANCING STATEMENT covers timber to be cut or seestracted 16. Additional consisteral description; 554.08 COUNTRY USA 14. Description of real estate: 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest).	126. INDIVIDUAL'S LAST NAME	ATGAGE, INC.				
2701 WELLS FARCO WAY MINNEAPOLIS STATE POSTAL CODE UNITAY USA 13. This FinkANCNG STATEMENT covers simber to be cut or se-astracted 16. Additional constateral description: 17. Check only if applicable and check only one box. Debtor is 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 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		- /	PIRST NAME	MIODLE NAME	SUFFIX	
2701 WELLS FARCO WAY MINNEAPOLIS 13. This FINANCING STATEMENT covers timber to be cut or ab-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: 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 Decadent'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	12c MAILING ADDRESS					
13. This FINANCING STATEMENT covers timber to be cut or se-extracted 16. Additional collateral, or is filed as a fixture filling. 14. Description of real estate: 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 exting with respect to property held in trust or Decadent's Estate 18. Check only if applicable and check only one box. Outbor is a TRANSMITING UTILITY Filed in connection with a Manufactured-Home Transaction effective 30 years				STATE POST	TAL CODE	
13. This FINANCING STATEMENT covers timber to be cut or			MINNEAPOLIS		COUNTRY	
5. Name and address of a RECORD OWNER of above-described real estate (if Debtor dose not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Truste acting with respect to property held in trust or Decadent's Estate 18. Check only if applicable and check only one box. Debtor is a Truste of Truste acting with respect to property held in trust or Decadent'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	13. This FINANCING STATEMENT covers	timber to be cut or as-extracte	ed 16. Additional collateral description		- John State	
(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 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						
		bove-described real estate	Debtor is a Trust or Truste 18. Check only if applicable and che Debtor is a TRANSMITTING UT Filed in connection with a Manu	e acting with respect to property ck <u>only</u> one box. ILITY factured-Home Transaction effe	ective 30 years	

Real property in the County of Klamath, State of Oregon, described as follows:

A Parcel of land situated in Section 11 and in the Northwest one-quarter of Section 14, all in Township 36 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, being particularly described as follows:

The West one-half and the Southeast one-quarter of said Section 11, Or Government Lots 3, 4, 5, 6, 11, 12, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 and 32.

The North one-half of the North one-half of the Northwest one-quarter of said Section 14. Or Government Lots 3 and 4

EXCEPTING THEREFROM a parcel of land described as follows:

Commencing at the West one-quarter corner of said Section 11, said point being a 5/8 inch rebar with aluminum cap; thence along the West line of said Section 11, North 00°24′00″ West 1770.36 feet to the true point of beginning; thence continuing along said West line, North 00°24′00″ West 872.45 feet to a calculated position for the section corner common to Sections 2, 3, 10 and 11; thence along the North line of said Section 11, North 89°31′53″ East 1167.65 feet to a 5/8 inch rebar with yellow plastic cap marked, "WH Pacific", thence South 03°18′00″ West 285.33 feet to a 5/8 inch rebar with yellow plastic cap marked "WH Pacific"; thence North 88°53′55″ West 193.16 feet to a point of curvature, said point being a 5/8 inch rebar with yellow plastic cap marked "WH Pacific"; thence 373.50 feet along the arc of a 300.00 foot radius curve to the left through a central angle of 71°19′59″ (the chord of which bears South 55°26′05″ West 349.84 feet) to a point of tangency, said point being a 5/8 inch rebar with yellow plastic cap marked "WH Pacific"; thence South 19°46′06″ West 392.89 feet to a 5/8 inch rebar with yellow plastic cap marked "WH Pacific"; thence South 81°14′20″ West 198.74 feet to a 5/8 inch rebar with yellow plastic cap marked "WH Pacific"; thence South 89°36′00″ West 334.58 feet to the point of beginning.

ALSO EXCEPTING THEREFROM that portion lying within the right-of-way of Godowa Springs Road.

Tax Parcel Number: R352273 and R352264 and R352255 and R352291 and R352308 and R685725