MTC-60549 KR

			ce Center	EMENT TO: (Na cial Loan Se n Street	714 Mai 3rd Floo
VE SPACE IS FOR FILING OFFICE USE ONLY					L
	or combine names	or 1b) - do not abbre	sert only <u>one</u> debtor name (1a	ULL LEGAL NAMI AME	DEBTOR'S EXACT F
					KM KERR PRO
MIDDLE NAME SUFFI		FIRST NAME		NAME	16. INDIVIDUAL'S LAST
STATE POSTAL CODE COUN OR 97603 US	CITY KLAMATH FALLS			ROAD	MAILING ADDRESS
1g. ORGANIZATIONAL ID #, if any	ORGANIZATION	•	AX ID #: SSN OR EIN ADD'L INFO RE 1. TYPE OF ORGANIZATION ORGANIZATION Limited Liability Co.		TAX ID #: SSN OR EIN
combine names	o not abbreviate or	ebtor name (2a or 2	SAL NAME - insert only one of	R'S EXACT FULL	ADDITIONAL DEBTOR
				AME	2a. ORGANIZATION'S NA
MIDDLE NAME SUFFI.	FIRST NAME		2b. INDIVIDUAL'S LAST NAME		2b. INDIVIDUAL'S LAST
STATE POSTAL CODE COUN		CITY			MAILING ADDRESS
2g. ORGANIZATIONAL ID #, if any	21. JURISDICTION OF ORGANIZATION		TYPE OF ORGANIZATION	ADD'L INFO RE ORGANIZATION DEBTOR	TAX ID #: SSN OR EIN
a or 3b)	cured party name (S/P) - insert only on	TAL ASSIGNEE of ASSIGNOR	NAME (or NAME of	SECURED PARTY'S
		tion	s & Loan Associa		3a. ORGANIZATION'S NA
MIDDLE NAME SUFFIX		FIRST NAME			3b. INDIVIDUAL'S LAST I
					144446 455556
OR 97601	.	Klamath F			40 Main Street
STATE POSTAL CODE OR 97601	3	FIRST NAME CITY Klamath F	s & Loan Associa	ME Federal Savi NAME NT covers the follow	3a. ORGANIZATION'S NA Klamath First II 3b. INDIVIDUAL'S LAST II MAILING ADDRESS 40 Main Street This FINANCING STATEME

OLLOW INSTRUCTIONS (front and ba . NAME OF FIRST DEBTOR (1a or 1		STATEMENT			
9a. ORGANIZATION'S NAME KM KERR PROPERTIES			1		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFI	īx		
. MISCELLANEOUS:			4		
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME insert only	v one debter same (11e or 11b)		E IS FOR FILING OFF	ICE USE ONLY
11a. ORGANIZATION'S NAME	OLL LEGAL HAVIE - Insertony	/ One debust name (112 or 115) - do /	not appreviate or combine nam	BS	
11b. INDIVIDUAL'S LAST NAME	NDIVIDUAL'S LAST NAME		MIDDI	E NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	Inostil Cons	
		S., ,	SIAI	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO F ORGANIZATION	RE 11e. TYPE OF ORGANIZATIO DN	11f. JURISDICTION OF ORG	GANIZATION 11g. C	RGANIZATIONAL ID #, if a	iny 🔲
ADDITIONAL SECURED PAR	TY'S œ ☐ ASSIGNOR S/P'	'S NAME - insert only one name (1:	2a or 12b)		
12a. ORGANIZATION'S NAME					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	E NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	00.0.75
			John	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate: CARCEL 2 OF LAND. OCATED IN THE SE 1/4. OWNSHIP 38 SOUTH, RAVILLAMETTE MERIDIAN, DREGON.	PARTITION 65-9 NE 1/4 SECTION 3 ANGE 9 EAST OF TH	95 5, IE	cription:		
•					
Name and address of a RECORD OWNER (if Debtor does not have a record interest):	of above-described real estate				
		17. Check only if applicable			
		Debtor is a Trust or To	rustee acting with respect to pro	operty held in trust or	Decedent's Estate
		I TO. CHECK ONLY IT applicable?	and check only one box.		
		Debtor is a TRANSMITTIN	IG UTILITY		
		Debtor is a TRANSMITTIN	IG UTILITY Manufactured-Home Transaction	on — effective 30 years	