20524

		~		Canada of KI	awath		
	S STATEMENT	State (State of Oregon, County of Klamath Recorded 05/30/2003 2.49 a m.				
	S (front and back) CAREFULLY CONTACT AT FILER [optional]	Vol M	03 Pg _	4524-6			
		Linda	Smith, Cou	mith. County Clerk			
. SEND ACKNOWLED	GEMENT TO: (Name and Address)	Fee 3_c	-2 /	3/40 # of Pgs 3			
	rcial Loan Service Center						
√° 3rd Flo	in Street or						
Klamati	Falls, OR 97601						
1AY 30 AM8:49							
			SPACE IS FO	R FILING OFFICE US	SE ONLY		
DEBTOR'S EXACT	FULL LEGAL NAME - insert only <u>one</u> debtor name (1a NAME	or 1b) - do not abbreviate or combine names					
15. INDIVIDUAL'S LAS	FNAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNT		
O BOX 129		BEATTY	OR	97621	USA		
TAX ID #: SSN OR EIN	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
	DEBTOR Individual			1			
2a. ORGANIZATION'S	NAME	lebtor name (2a or 2b) - do not abbreviate or com		NAME -	CHEEN		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS	NAME	FIRST NAME RANDY	MIDOLE	NAME TPOSTAL CODE			
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS	NAME	FIRST NAME			COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS' NORRIS MAILING ADDRESS	NAME	FIRST NAME RANDY CITY	MIDDLE STATE OR	POSTAL CODE	COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS MAILING ADDRESS O BOX 129 TAX ID #: SSN OR EIN SECURED PARTY	NAME ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION Individual S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	FIRST NAME RANDY CITY BEATTY 2f. JURISDICTION OF ORGANIZATION	STATE OR	POSTAL CODE 97621	COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS MAILING ADDRESS PO BOX 129 TAX ID #: SSN OR EIN SECURED PARTY' 3a. ORGANIZATION'S	NAME ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION Individual S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF NAME)	FIRST NAME RANDY CITY BEATTY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or	STATE OR	POSTAL CODE 97621	COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS MAILING ADDRESS PO BOX 129 TAX ID #: SSN OR EIN SECURED PARTY' 3a. ORGANIZATION'S	ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION Individual S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF NAME Federal Savings & Loan Associa	FIRST NAME RANDY CITY BEATTY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or	STATE OR	POSTAL CODE 97621 ANIZATIONAL ID #, if any	COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS MAILING ADDRESS O BOX 129 TAX ID #: SSN OR EIN SECURED PARTY 3a. ORGANIZATION'S Klamath First 3b. INDIVIDUAL'S LAS	ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION Individual S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF NAME Federal Savings & Loan Associa	FIRST NAME RANDY CITY BEATTY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or other contents) FIRST NAME	STATE OR 29. ORG	POSTAL CODE 97621 ANIZATIONAL ID #, if any	COUNT		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS NORRIS MAILING ADDRESS O BOX 129 TAX ID #: SSN OR EIN SECURED PARTY 3a. ORGANIZATION'S Klamath First	ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION Individual S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF NAME Federal Savings & Loan Associa	FIRST NAME RANDY CITY BEATTY 21. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or	STATE OR 2g. ORG	POSTAL CODE 97621 ANIZATIONAL ID #, if any	SUFFIX COUNTI USA SUFFIX COUNTI		

	C FINANCING		NT ADDENDUM					
). N		OR (1a or 1b) ON	RELATED FINANCING STAT	EMENT				
	92. ORGANIZATIONS NA	MC						
R	96. INDIVIDUAL'S LAST N	IAME	FIRST NAME LINDA	MIDDLE NAME, SUFFIX				
0.	MISCELLANEOUS:							
					THE ABOVE	SPACE	IS FOR FILING OFFICE	E USE ONLY
			LEGAL NAME - insert only one	debtor name (11a or 11b) - do no	ot abbreviate or combi	ne names		
Ì	11a. ORGANIZATION'S N	AME						
R	11b. INDIVIDUAL'S LAST	NAME		FIRST NAME	•	MIDDLE	NAME	SUFFIX
						<u> </u>		
Ic.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d.	TAX ID #: SSN OR EIN	ADD'L INFO RE 11 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. ORG	ANIZATIONAL ID #, if any	
2.	ADDITIONAL SECT	L	ASSIGNOR S/P'S N/	AME - insert only <u>one</u> name (12	a or 12b)	<u> </u>		
ſ	12a. ORGANIZATION'S N	AME						
R	12b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
l 2c.	MAILING ADDRESS			CITY	***************************************	STATE	POSTAL CODE	COUNTRY
4. I LC CI A	collateral, or is filed as a Note that the collateral of real estate: OT 21 OF WE: TY OF KL: CCORDING TO	fixture filing. ST PARK AI AMATH FA THE OFFICIA	DDITION TO THE ALLS, OREGON, AL PLAT THEREOF OF THE COUNTY	16. Additional collateral descr	ription:			
	Name and address of a RE (if Debtor does not have a r		we-described real estate	17. Check only if applicable a Debtor is a Trust or Trus	ustee acting with resp and check <u>only</u> one bo	ect to prop	enty held in trust on Dec	cedent's Estate
				Debtor is a TRANSMITTING Filed in connection with a life in connection	Manufactured-Home T			
				<u> </u>			Einancial Colutions	

	CC FINANCING		NT ADDENDUM					
			RELATED FINANCING STAT	rement	1			
	9a. ORGANIZATION'S N	AME						
OR	9b. INDIVIDUAL'S LAST I	NAME	FIRST NAME LINDA	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:							
					THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
11.			LEGAL NAME - insert only one	debtor name (11a or 11b) - do no	x abbreviate or combi	ne names	V	
	11a. ORGANIZATION'S I	NAME						
OR	11b. INDIVIDUAL'S LAST	11b. INDIVIDUAL'S LAST NAME			and the second s	MIDDLE NAME		SUFFIX
11c.	1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	111. JURISDICTION OF ORGA		11g. ORG	L SANIZATIONAL ID #, if a	ny NONE
12.			M ASSIGNOR S/P'S N	AME - insert only one name (12	a or 12b)			
	12a. ORGANIZATION'S I	NAME						
OR	12b. INDIVIDUAL'S LAST	12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	
12c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
14. T T	collateral, or is filed as a Description of real estate: HE NW 1/4	SW 1/4 SOUTH, RA	NGE 11 EAST OF	16. Additional collateral descri	ription:			
15.	Name and address of a Ri (if Debtor does not have a		ove-described real estate	17. Check only if applicable a Debtor is a Trust or Tr 18. Check only if applicable a Debtor is a TRANSMITTIN Filed in connection with a	ustee acting with resp and check <u>only</u> one boa G UTILITY	ect to prop x.		Decedent's Estate
				Filed in connection with a				