UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional] VIOLA BAKER 425) 453-5;  B SEND ACKNOWLEDGMENT TO. (Name and Address)	301	Recorded O Vol M03 Pg	regon, Count 07/07/2003 9 g 46 489- h, County Cler # of Pg	146 a. n 91 k
FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009	7			
UL 7 AM9:46	THE AE	OVE SPACE IS I	FOR FILING OFFICE	- LISE ONLY
1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one d  1a ORGANIZATION'S NAME	ebtor name (1a or 1b) - do not abbreviate or combine nam	es		- GOL ONL
OR 15 INDIVIDUAL'S LAST NAME				
SHEARER	FIRST NAME	MIDDLE	NAME	SUFFIX
Ic MAILING ADDRESS	JERRY	STATE	POSTAL CODE	
1852 SUMMERS LN	KLAMATH FALLS	OR	97603	COUNTRY
ADD'L INFO RE   1e TYPE OF ORG	GANIZATION 1f JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if a	USA
DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - IT				□n
I ONOMIE TION	FIRST NAME DEBORAH CITY  SANIZATION 2f JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g ORGA	POSTAL CODE	SUFFIX
SECURED PARTY'S NAME (STANKE of TOTAL ASSISTANCE)				
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE  3a ORGANIZATION'S NAME		(3a or 3b)		
R FIRST MUTUAL BANK SIGNAME	La Baker 3/1/03			
SO INCIVIDOAL S EAST NAME	FIRST NAME	MIDDLE	IAME	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	BELLEVUE	WA		1
PO BOX 1647  This FINANCING STATEMENT covers the following collateral FOR WINDOWS		STATE	98009	COUNTR
LTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYE	R AG LIEN	NON-UCC FILING

9 NAME OF FI	K31 DEBTOR (1a or 1b) (	ON RELATED FINANCING STAT	EMENT			
9a ORGAN	IZATION'S NAME					
OR 96 INDIVID	DUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
SHEA	ARER	JERRY				
10. MISCELLAN		JEKK I				
1. ADDITIONAL	L DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one of	THE AB ame (11a or 11b) - do not abbreviate or combin	OVE SPACE IS F	OR FILING OFFICE (	JSE ONLY
11a ORGAN	IIZATION'S NAME	- 1 one in the insert only one in	ame (17a or 11b) - do not abbreviate or combir	ne names		
OR 11h INDIVID	UAL'S LAST NAME					
			FIRST NAME	MIDDLE	NAME	SUFFIX
1c MAILING ADDR	RESS		CITY	STATE	POSTAL CODE	201111
1d.	AOD! INCO DE				, GOTAL CODE	COUNT
	ADD'L INFO RE ORGANIZATION	11e TYPE OF ORGANIZATION	11f JURISDICTION OF ORGANIZATION	11g ORG	GANIZATIONAL ID#, if an	<del>,                                    </del>
2. ADDITIO	DEBTOR  DNAL SECURED PARTY		NAME - insert only one name (12a or 12b)			NON
MAILING ADDRESS		CITY	MIDDLE		SUFFIX	
				CTATE		
				STATE	POSTAL CODE	COUNTR
This FINANCIN	G STATEMENT covers ☐ turn filed as a	ber to be cut or as-extracted	16 Additional collateral description	STATE	POSTAL CODE	COUNTR
This FINANCING	filed as a fixture filing	ber to be cut or as-extracted		STATE	POSTAL CODE	COUNTR
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This FINANCINi collateral, or is Description of r PROP ID:	filed as a  fixture filing real estate  R524873  R-3909-003AA-0220	00-000		STATE	POSTAL CODE	COUNTR
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## Attachment A 9240 Legal Description

LOT 24, BLOCK 1, BRYANT TRACTS, IN THE COUNTY OF KLAMATH, STATE OF OREGON.