

03 NOV 26 PM 3:42

NTZ-66646KR

Vol M03 Page 87571

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath  
Recorded 11/26/03 3:42 p. m  
Vol M03 Pg 87571-72  
Linda Smith, County Clerk  
Fee \$ 21.00 # of Pgs 2

**A. NAME & PHONE OF CONTACT AT FILER [optional]**

**B. SEND ACKNOWLEDGEMENT TO: (Name and Address)**

LibertyBank  
355 Goodpasture Island Road, Suite 200  
Eugene, OR 97401  
LOAN NO. 942105580

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**

1a. ORGANIZATION'S NAME  
**WILLIAM S. HODGE AND NORMA R. HODGE, TRUSTEES OF THE HODGE FAMILY REVOCABLE TRUST DATED AUGUST 14, 2001**

OR

1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS <b>20476 OUTBACK COURT</b>		CITY <b>BEND</b>	STATE <b>OR</b>	POSTAL CODE <b>97702</b>	COUNTRY <b>USA</b>
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Trust</b>	1f. JURISDICTION OF ORGANIZATION <b>OR</b>	1g. ORGANIZATIONAL ID #, if any <input checked="" 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**

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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

3a. ORGANIZATION'S NAME  
**LibertyBank**

OR

3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS <b>899 Pearl Street</b>		CITY <b>Eugene</b>	STATE <b>OR</b>	POSTAL CODE <b>97401</b>	COUNTRY
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**4. This FINANCING STATEMENT covers the following collateral:**

To the extent that Grantor/Debtor has an interest in: all furnishings, fixtures (including trade fixtures), appliances, furniture, supplies, equipment, inventory, building materials, and any and all other tangible and intangible personal property of Grantor/Debtor, including (without limitation) accounts (including accounts receivable and contract rights, whether or not earned by performance), chattel paper, instruments, documents, and general intangibles from and relating to any leases, tenancies, occupancy or use of the property and any lease or other use agreement (if any such should ever be considered personal property), located on or used in connection with the operation of the real property, whether now owned or hereafter arising, and all accessions, parts, additions, replacements and substitutions for any of such property and all proceeds (including insurance proceeds) from the sale or other disposition of any such property.

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL PROPERTY RECORDS. Attach Addendum.  7. Check to REQUEST SEARCH REPORT(s) on Debtor(s) (optional).  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

26 AD  
awc

**UCC FINANCING STATEMENT ADDENDUM**

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**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME <b>WILLIAM S. HODGE AND NORMA R. HODGE, TRUSTEES OF T</b>			
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 debtor name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	<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  future filing.

**14. Description of real estate:**

**Lots 25 through 48, inclusive, in Block 5 and Lots 7 through 24 inclusive, in Block 8 of ST. FRANCIS PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, together with that portion of vacated Cannon Street, which inured thereto.**

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

**16. Additional collateral description:**

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

Filed in connection with a Public-Finance Transaction — effective for 30 years