

03 NOV 26 PM 3:42

NTZ-66646KR

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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	

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

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 20476 OUTBACK COURT		CITY BEND	STATE OR	POSTAL CODE 97702
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Trust	1f. JURISDICTION OF ORGANIZATION OR
			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
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 S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME LibertyBank				
OR				
3b. INDIVIDUAL'S LAST NAME				
3c. MAILING ADDRESS 899 Pearl Street		CITY Eugene	STATE OR	POSTAL CODE 97401

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):		<input type="checkbox"/> LESSOR/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILO	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. THIS FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL PROPERTY RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(s) on Debtor(s) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME

WILLIAM S. HODGE AND NORMA R. HODGE, TRUSTEES OF T

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

☐ 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 Estate18. 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