

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Northwest Farm Credit Services, PCA
900 Klamath Avenue
PO Box 148
Klamath Falls, OR 97601**

State of Oregon, County of Klamath

Recorded 12/30/03 19:33pm

Vol M03 Pg 93923-24

Linda Smith, County Clerk

Fee \$ 26⁰⁰ # 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				
OR		1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
		Hill	William	V.
OR		1c. MAILING ADDRESS	CITY	SUFFIX
		4028 Monrovia Way	Klamath Falls	Sr.
OR		STATE	POSTAL CODE	COUNTRY
		OR	97603	USA
1d. TAX ID #: SSN OR EIN ADDL INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any				
ORGANIZATION DEBTOR				
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	FIRST NAME	MIDDLE NAME
		Hill	Lillian	M.
OR		STATE	POSTAL CODE	COUNTRY
		OR	97603	USA
2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADDL INFO RE 2a. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any				
4028 Monrovia Way				
ORGANIZATION DEBTOR				
2d. TAX ID #: SSN OR EIN ADDL INFO RE 2a. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any				
ORGANIZATION DEBTOR				
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				
Northwest Farm Credit Services, PCA				
OR		3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
				SUFFIX
3c. MAILING ADDRESS				
PO Box 142				
OR		CITY	STATE	POSTAL CODE
		Klamath Falls	OR	97601
COUNTRY				
USA				

A TEL FINANCING STATEMENT covers the following collateral:

4. This FINANCING STATEMENT covers the following collateral.
All now owned or hereafter acquired collateral described herein, including, without limitation the types or items of collateral described herein and inventory, accounts, general intangibles, and products and proceeds of collateral, and including:

YEAR: 2003
MAKE: Valley
MODEL: 7 Power

KIND: Center Pivot with end gun
SERIAL #:
QUANTITY: 1

The security interest granted to debtor is a purchase money security interest given to secure repayment of all or a portion of the purchase price of the above-described collateral. Products and proceeds of collateral are covered.

This Financing statement is to be filed in the Real Estate Records.

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BALEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS	Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE)	(optional)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

UCC FINANCING STATEMENT ADDENDUM

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

9a. ORGANIZATION'S NAME		
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX		
Hill, Sr. William V.		

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME		
William V. Hill, Sr. and Lillian M. Hill Trust		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME
11c. MAILING ADDRESS		CITY
4028 Monrovia Way		Klamath Falls
11d. TAX ID #: SSN OR EIN	ADDL. INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION
		Trust
DEBTOR		11f. JURISDICTION OF ORGANIZATION
		OR
		11g. ORGANIZATIONAL ID #, If any
		<input checked="" 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
12c. MAILING ADDRESS		CITY
		STATE
		POSTAL CODE
		COUNTRY
		USA

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:

Twn. 36 South Range 14 East, Section 21;
 South 1/2

16. Additional collateral description:

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

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 30 years