

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; 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 12:33 pmVol M03 Pg 93923-24

Linda Smith, County Clerk

Fee \$ 26<sup>00</sup> # 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

Hill

FIRST NAME

William

MIDDLE NAME

V.

SUFFIX

Sr.

1c. MAILING ADDRESS

4028 Monrovia Way

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

ADDL INFO RE

ORGANIZATION

DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE2. 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

Hill

FIRST NAME

Lillian

MIDDLE NAME

M.

SUFFIX

2c. MAILING ADDRESS

4028 Monrovia Way

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

2d. TAX ID #: SSN OR EIN

ADDL INFO RE

ORGANIZATION

DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. 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 148

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

## 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	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for 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						

26✓

**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

OR 9b. INDIVIDUAL'S LAST NAME

Hill, Sr.

FIRST NAME

William

MIDDLE NAME, SUFFIX

V.

**10. MISCELLANEOUS:**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only org 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

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

4028 Monrovia Way

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADDL INFO RE

ORGANIZATION

DEBTOR

11e. TYPE OF ORGANIZATION

Trust

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

☒ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only org 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

USA

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as extractedcollateral, or is filed as a ☒ fixture filing

14. Description of real estate:

Twn. 36 South Range 14 East, Section 21;  
South 1/215. 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 30 years