

NJC - 63894ms

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State of Oregon, County of Klamath  
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 Linda Smith, County Clerk  
 Fee \$ 26.00 # of Pgs 2

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Commercial Loan Service Center  
 714 Main Street  
 3rd Floor  
 Klamath Falls, OR 97601

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

**JUSTUS HOMES INC**

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c MAILING ADDRESS

**6707 S 6TH ST**

CITY

**KLAMATH FALLS**

STATE

**OR**

POSTAL CODE

**97603**

COUNTRY

**USA**

1d TAX ID # SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

**Corporation**

1f JURISDICTION OF ORGANIZATION

**OR**

1g. ORGANIZATIONAL ID #, if any

☒ 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

**JUSTUS**

FIRST NAME

**JOANNA**

MIDDLE NAME

**L**

SUFFIX

2c. MAILING ADDRESS

**2040 LAKESHORE DR**

CITY

**KLAMATH FALLS**

STATE

**OR**

POSTAL CODE

**97601**

COUNTRY

**USA**

2d. TAX ID # SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

**Individual**

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☒ 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

**Klamath First Federal Savings & Loan Association**

OR

3b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c MAILING ADDRESS

**540 Main Street**

CITY

**Klamath Falls**

STATE

**OR**

POSTAL CODE

**97601**

COUNTRY

**USA**

4. This FINANCING STATEMENT covers the following collateral:

**All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)**

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☒ 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) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

**7806000164**

AFTER RECORDING PLEASE RETURN TO:  
COMMERCIAL LOAN SERVICE CENTER  
714 MAIN STREET, 3rd FLOOR  
KLAMATH FALLS, OR 97601

06936

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

OR	9a. ORGANIZATION'S NAME <b>JUSTUS HOMES INC</b>		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

### 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME <b>JUSTUS</b>	FIRST NAME <b>GLENN</b>	MIDDLE NAME <b>G</b>	SUFFIX
11c. MAILING ADDRESS <b>2040 LAKESHORE DR</b>		CITY <b>KLAMATH FALLS</b>	STATE <b>OR</b>	POSTAL CODE <b>97601</b>
11d. TAX ID # SSN OR EIN		11e. TYPE OF ORGANIZATION <b>Individual</b>	11f. JURISDICTION OF ORGANIZATION	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)

OR	12a. ORGANIZATION'S NAME			
	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 ☒ fixture filing

### 14. Description of real estate

**PARCEL 1 OF LAND PARTITION 11-95  
SITUATED IN THE SW 1/4 OF THE SE 1/4 OF  
SECTION 1, TOWNSHIP 39 SOUTH, RANGE 9  
EAST, WILLAMETTE MERIDIAN, KLAMATH  
COUNTY, OREGON**

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