

104 MAR 26 AM 9:45

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath  
Recorded 03/26/2004 9:45 A m  
Vol M04 Pg 16816-17  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

**A. NAME & PHONE OF CONTACT AT FILER [optional]**  
BRENDA JONES (402) 462-4128

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

127 T-L CREDIT COMPANY  
PO BOX 1386  
HASTINGS NE 68902

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** **SUFFIX**

CHEYNE HENRY C.G.

**1c. MAILING ADDRESS** **CITY** **STATE** **POSTAL CODE** **COUNTRY**

9961 E LANGELL VALLEY RD BONANZA OR 97623 USA

**1d. SEE INSTRUCTIONS** **ADD'L INFO RE ORGANIZATION DEBTOR** **1e. TYPE OF ORGANIZATION** **1f. JURISDICTION OF ORGANIZATION** **1g. ORGANIZATIONAL ID #, if any**

542-96-9862 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** **FIRST NAME** **MIDDLE NAME** **SUFFIX**

COUTURE CHEYNE CHERIE J

**2c. MAILING ADDRESS** **CITY** **STATE** **POSTAL CODE** **COUNTRY**

9961 E LANGELL VALLEY RD BONANZA OR 97623 USA

**2d. SEE INSTRUCTIONS** **ADD'L INFO RE ORGANIZATION DEBTOR** **2e. TYPE OF ORGANIZATION** **2f. JURISDICTION OF ORGANIZATION** **2g. ORGANIZATIONAL ID #, if any**

541-76-8297 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**

OR **3b. INDIVIDUAL'S LAST NAME** **FIRST NAME** **MIDDLE NAME** **SUFFIX**

T-L CREDIT COMPANY, A DIVISION OF T-L IRRIGATION CO

**3c. MAILING ADDRESS** **CITY** **STATE** **POSTAL CODE** **COUNTRY**

PO BOX 1386 HASTINGS NE 68902 USA

**4. This FINANCING STATEMENT covers the following collateral:**  
1 - 765/865W 5 TOWER T-L IRRIGATION SYSTEM WITH 1 - CORNER SYSTEM, 1 - 15HP 3PH 460V ELECTRIC MOTOR AND PANEL, AND ALL OTHER ACCESSORIES S/N 20977

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

**6. [X] 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)** **8. OPTIONAL FILER REFERENCE DATA**

All Debtors Debtor 1 Debtor 2

HENRY C.G. CHEYNE: *[Signature]* CHERIE J. COUTURE CHEYNE: *[Signature]*  
KLAMATH COUNTY, OR LOAN 1532  
FILING OFFICER COPY UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

RECORDED FROM  
Registré, Inc.  
P.O. BOX 218  
ANOKA, MN 55303  
(763) 431-1719

# 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

FIRST NAME

MIDDLE NAME, SUFFIX

CHEYNE

HENRY

C.G.

## 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

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

ADDL. 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 ☒ fixture filing.

## 14. Description of real estate:

NW 1/4 SECTION 2 - T40S - R12E  
KLAMATH COUNTY, OREGON

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

RICHARD A. SMITH

## 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 30 years

LOAN 1532  
FILING OFFICE COPY

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

REORDER FROM  
Register, Inc.  
814 PINECOT ST.  
P.O. BOX 218  
AMOKA, MN. 55303  
763) 481-1713