MTC - 669860W

Г	MENT TO: (Name and Address)	Rec	tate of Oregon, County of Klama corded 10/21/04 1:33 nn I M04 Pg 71 724-25			
'	,	— Linc	ta Smith	, County Clerk # of Pgs		
DEBTOR'S EXACT F	JLL LEGAL NAME - insert only one debtor name	THE ABOVE :	SPACE IS F	OR FILING OFFICE U	SE ONLY	
1a. ORGANIZATION'S NA						
1b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
Christian		Albert	T			
MAILING ADDRESS	•	CITY	STATE	POSTAL CODE	COUNT	
9 Sugar Maple D		Danville	CA	94506	USA	
0-38-0132	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f, JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any			
DDITIONAL DEBTOR 2a. ORGANIZATION'S NA	R'S EXACT FULL LEGAL NAME - insert only <u>or</u> ME	e debtor name (2a or 2b) - do not abbreviate or combi	ine names		***************************************	
		FIRST NAME	MIDDLE	SUFFIX		
2b. INDIVIDUAL'S LAST I	IAME					
	NAME	Marilyn	N/I		į	
Christian	AAME	Marilyn	M.	POSTAL CODE	COLINITE	
Christian MAILING ADDRESS		ary	STATE	POSTAL CODE	COUNTE	
Christian MAILING ADDRESS 1099 Sugar Maple	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION		STATE CA	94506	USA	
Christian MAILING ADDRESS MO99 Sugar Maple MAXID#: SSN OR EIN	Drive	CITY Danville	STATE CA	1	USA	
Christian MAILING ADDRESS 1099 Sugar Maple AXID#: SSN OR EIN 100-30-2375	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY Danville 2f. JURISDICTION OF ORGANIZATION	STATE CA 2g. ORG	94506	USA	
Christian MAILING ADDRESS 1099 Sugar Maple AXID #: SSN OR EIN 00-30-2375 ECURED PARTY'S	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	CITY Danville	STATE CA 2g. ORG	94506	USA	
Christian MAILING ADDRESS 1099 Sugar Maple AXID #: SSN OR EIN 00-30-2375 ECURED PARTY'S 3a. ORGANIZATION'S NA CitiMortgage, Inc	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME of TOTAL ASSIGNEE of ASSIGN ME	CITY Danville 2f. JURISDICTION OF ORGANIZATION	STATE CA 2g. ORG	94506	USA	
Christian MAILING ADDRESS 1099 Sugar Maple AXID #: SSN OR EIN 00-30-2375 ECURED PARTY'S 3a. ORGANIZATION'S NA CitiMortgage, Inc	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME of TOTAL ASSIGNEE of ASSIGN ME	CITY Danville 2f. JURISDICTION OF ORGANIZATION	STATE CA 2g. ORG	94506 SANIZATIONAL ID#, if any	USA	
Christian MAILING ADDRESS MO99 Sugar Maple AXID # SSN OR EIN MO-30-2375 ECURED PARTY'S BB. ORGANIZATION'S NA CitiMortgage, Inc 3b. INDIVIDUAL'S LAST N	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME of TOTAL ASSIGNEE of ASSIGN ME	CITY Danville 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a or 3	STATE CA 2g. ORG	94506 SANIZATIONAL ID #, If any	USA	
2b. INDIVIDUAL'S LAST II Christian MAILING ADDRESS 1099 Sugar Maple TAX ID # SSN OR EIN 00-30-2375 ECURED PARTY'S 3a. ORGANIZATION'S NA CitiMortgage, Inc 3b. INDIVIDUAL'S LAST N MAILING ADDRESS 000 Technology	Drive ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNME AME AME	CITY Danville 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3e or 3	CA 29, ORG	94506 SANIZATIONAL ID#, if any	USA	

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	TOUR DESCRIPTION OF THE PROPERTY OF THE PROPER
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7, Check to REQUEST SEARCH REFERENCE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE]	PORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	



	C FINANCING			ADDENDUM							
9. N	IAME OF FIRST DEB 9a. ORGANIZATION'S NA		ATED FINANCING STA	TEMENT							
OR				···							
	9b. INDIVIDUAL'S LAST I	NAME		TNAME	1	MIDDLE NAME, SUF	IX				
	Christian		Alb	ert		Γ	1				
10.1	MISCELLANEOUS:										
11.	ADDITIONAL DEBTO	R'S EXACT FUL	L LEGAI	. NAME - insert only <u>one</u> r	name (11a	a or 11b) - do not abb				IS FOR FILING OFFI	CE USE ONLY
	TIA. URGANIZATION'S N	AWE									
OR	11b. INDIVIDUAL'S LAST	NAME			FIRST NAME				MIDDLE	SUFFIX	
11c.	MAILING ADDRESS				CITY				STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYF	PE OF ORGANIZATION	11f. JU	RISDICTION OF ORG	GANIZATIO)N	11g. ORG	I GANIZATIONAL ID #, if an	ny NONE
12.	ADDITIONAL SEC		S or	ASSIGNOR S/P'S	NAME	incort columns as	(12	401-1			NONE
ام	12a. ORGANIZATION'S N 12b. INDIVIDUAL'S LAST				FIRST	NAME		tota en	MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS				ату				STATE	POSTAL CODE	COUNTRY
(This FINANCING STATEM collateral, or is filed as a Description of real estate:		nber to be	cut or as-extracted	16. Ad	ditional collateral des	ecription:		L		
15. (Name and address of a RE if Debtor does not have a	ECORD OWNER of a record interest):	above-des	cribed real estate	Debtor 18. Che Det	eck <u>only</u> if applicable otor is a TRANSMITTI d in connection with	Trustee a and check NG UTILIT a Manufac	acting with re only one box	spect to pr	operty held in trust or	Decedent's Estate

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)