A. NAME & PHONE OF CO	STATEMENT (front and back) CAREFULLY (INTACT AT FILER [optional]) MENT TO: (Name and Address)	Linda	Smith, C	3360 - 62 ounty Clerk # of Pgs	
Associated Fa P.O. Box 85 Portales, NM	rm Mortgage, Inc. 88130				
1. DEBTOR'S EXACT FU	LL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NA	ME David M. Krueger and Catherine R	Crueger as Trustees of the Mount C	Seorge Trus	t	
OR 15 INDIVIDUAL'S LAST N.		FIRST NAME	MIDDLE NA		SUFFIX
c. MAILING ADDRESS		CITY	STATE I	POSTAL CODE	COUNT
2203 First Ave.		Napa	CA	94558	U
d TAXID# SSN OR EIN	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION Trust	1f. JURISDICTION OF ORGANIZATION California	1g. ORGAN	IZATIONAL ID #, if any	
ADDITIONAL DERTOR	S EXACT FULL LEGAL NAME - insert only one of			554-76-2394	
2a. ORGANIZATION'S NAI		Harrie (2a Gi 2b) - do Hot abbieviate di Combil	IB HAITIES		
OR 25. INDIVIDUAL'S LAST N					
26. INDIVIDUAL'S LAST N	AME:	FIRST NAME	MIDDLE NA	AME	SUFFIX
c. MAILING ADDRESS		ату	STATE F	POSTAL CODE	COUNT
d. TAX ID #: SSN OR EIN	ADD'L INFO RE 2e, TYPE OF ORGANIZATION				
CO. TAX ID #. SSIN OR EIN	ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2q. ORGAN	NZATIONAL ID #, if any	
SECURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3)			
	Associated Farm Mortgage, Inc.	on y montany group december ty manual transition of	,,		
3a. ORGANIZATION'S NAM	U . J	FIRST NAME	HIDDI F MANE		
	ALSC	FIRSTNAME	MIDDLE NA	ME	SUFFIX
	AME				
33. ORGANIZATION'S NAM 35. INDIVIDUAL'S LAST NA C. MAILING ADDRESS	AME	CITY	STATE F	POSTAL CODE	COUNT

FILING OFFICE COPY = NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (Rev. 07/29/98)

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and be				
9. NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STA	TEMENT		
9a. ORGANIZATION'S NAME David I	M. Krueger and Catherine Kr	rueger as Trustees		
OF OI the I	viount George Trust			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
10. MISCELLANEOUS:		——————————————————————————————————————		
		THE AR	OVE SPACE IS FOR FILING OFFICE	E LISE ONLY
44 ADDITIONAL DEPTODIS SYAST	ELLI LEGAL MANE			USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one r	ame (11a or 11b) - do not abbreviate or combine	names	
THE OTTOM STANKE				
OR 11b. INDIVIDUAL'S LAST NAME		In Dorald Market		· • • • • • • • • • • • • • • • • • • •
110. INDIVIDUAL S DAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
11d TAX ID # SSN OR FIN ADD'L INFO ORGANIZATI	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11q. ORGANIZATIONAL ID #. if anv	
DEBTOR	!	1	I	NONI
12 ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)		
12a. ORGANIZATION'S NAME		TO THE SHOOT ONLY OF THE THE TENT		
OR 126. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	CUEEN
			WILDELE TANKE	SUFFIX
			i	ļ
12c MAILING ADDRESS		CITY	CTATE TOOCTAL CODE	4000000000
12c MAILING ADDRESS		СІТУ	STATE POSTAL CODE	COUNTRY
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13. This FINANCING STATEMENT covers collateral, or is filed as a partial description of real estate. See Attached Exhibit A	R of above-described real estate			COUNTRY
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13. This FINANCING STATEMENT covers collateral, or is filed as a 14. Description of real estate. See Attached Exhibit A	R of above-described real estate	16. Additional collateral description: 17. Check only if applicable and check only one	s box. th respect to property held in trust or	COUNTRY Decedent's Estate
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate See Attached Exhibit A	R of above-described real estate	17. Check only if applicable and check only one Debtor is a Trust or Trustee acting will 18. Check only if applicable and check only one	s box. th respect to property held in trust or	
13. This FINANCING STATEMENT covers collateral, or is filed as a partial description of real estate. See Attached Exhibit A	R of above-described real estate	16. Additional collateral description: 17. Check only if applicable and check only one Debtor is a XTrust or Trustee acting will	e box. th respect to property held in trust or a box.	

Exhibit A

Attached to UCC Financing Statement Addendum item # 14

PARCEL 1:

In Township 36 South, Range 11 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

Section 25: The E 1/2 SW 1/4 lying Southerly of the Highway

Section 35: The SE 1/4

Section 36: The NW 1/4; and the North 979 feet of the SW 1/4

PARCEL 2:

In Township 36 South, Range 11 East of the Willamette Meridian, in the County of Klamath, State of Oregon. Section 36: E 1/2 SW 1/4, SAVING AND EXCEPTING THEREFROM the Northerly 979 feet thereof, AND ALSO SAVING AND EXCEPTING the Westerly 261 feet thereof. W 1/2 SE 1/4 lying Northerly of the right of way of the Klamath Falls-Lakeview Highway (State Routes 66 and 140)

In Township 37 South, Range 11 East of the Willamette Meridian, in the County of Klamath, State of Oregon. Section 1: Those portions of Government Lot 3 and the SE 1/4 NW 1/4 lying Northerly of the right of way of the Klamath Falls-Lakeview Highway.