R 10 AHO:57				Val_M0	5 Page 2	6
			State (	of Oregon	, County of Klar	natl
			Kecon Vol Mi	aea U4/18 15 Pa - ′	3/2005 <u>8.57</u> RLG48-4 <i>8</i>	<u>اعـ</u> ۱
UCC FINANCING	STATEME	NT	Linda	Smith. Co	unty Clerk	
FOLLOW INSTRUCTION	S (front and back)	CAREFULLY	Fee \$	2600	# of Pgs2	
A. NAME & PHONE OF C	ONTACT AT FILER	R (optional)				
B. SEND ACKNOWLEDG	MENT TO: (Name	and Address)				
6×.—			<del></del>			
	Bank of WA					
PO Box 976	000					
,		337.4 000.4	<i>C</i>			
Lynnwood		WA 9804	D			
			THE ABOVE	PACE IS EOU	R FILING OFFICE USE	ONLY
1. DEBTOR'S EXACTE	JLL LEGAL NAME-i	nsert only one debtor name (1a or 1b	) - do not abbreviate or combine names	JI AOL IO I OI	CT IEMO OT TOE DOE	0.12
1a. ORGANIZATION'S N						
OR 1b. INDIVIDUAL'S LASTI	NAME		FIRST NAME	MIDDLE 1	NAME	sı
MARLTON	NOTATE TO SERVICE		MERLIN			
1c. MAILING ADDRESS			ату	STATE	POSTAL CODE	C
5570 HAVENCR			KLAMATH FALLS	OR	97603	Ţ
14 CCCINCTPUATIONS	ORGANIZATION '	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	l lg. ORG/	INIZATIONAL ID #. if any	
1d. SEE INSTRUCTIONS	DEBTOR					
2. ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	ine names		
	R'S EXACT FULL	LEGAL NAME - insert only <u>one</u> o	debtor name (2a or 2b) - do not abbreviate or comb	ine names		
2. ADDITIONAL DEBTO	P'S EXACT FULL	LEGAL NAME - insert only <u>one</u> o	debtor name (2a or 2b) - do not abbreviate or comb	MIDDLE I	NAME	S
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST MARLTON	P'S EXACT FULL	LEGAL NAME - insert only <u>one</u> o	FIRST NAME JUDITH ANN	MIDDLE		
2. ADDITIONAL DEBTO  2a. ORGANIZATION'S N  OR  2b. INDIVIDUAL'S LAST  MARLTON  2c. MAILING ADDRESS	R'S EXACT FULL	LEGAL NAME - insert only <u>one</u> o	FIRST NAME JUDITH ANN CITY	MIDDLE I	POSTAL CODE	C
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST MARLTON	R'S EXACT FULL  IAME  NAME  LEST DR  ADD'L INFO RE	LEGAL NAME - insert only one	FIRST NAME JUDITH ANN	MIDDLE I		C
2. ADDITIONAL DEBTO 28. ORGANIZATION'S N OR 26. INDIVIDUAL'S LAST MARLTON 26. MAILING ADDRESS 5570 HAVENCR	R'S EXACT FULL IAME NAME REST DR		FIRST NAME JUDITH ANN CITY KLAMATH	MIDDLE I	POSTAL CODE 97603	C
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST MARLTON 2c. MAILING ADDRESS 5570 HAVENCR 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S	NAME  ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ÖRGANIZATION	FIRST NAME JUDITH ANN CITY KLAMATH	MIDDLE I	POSTAL CODE 97603	C
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST MARLTON 2c. MAILING ADDRESS 5570 HAVENCR 2d. SEEINSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N	R'S EXACT FULL  IAME  NAME  REST DR  ADD'L INFO RE ORGANIZATION DEBTOR  S NAME (OF NAME OF TAME	26. TYPE OF ORGANIZATION OTAL ASSIGNEE of ASSIGNOR S	FIRST NAME  JUDITH ANN  CITY  KLAMATH  21. JURISDICTION OF ORGANIZATION	MIDDLE I	POSTAL CODE 97603	C
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST MARLTON 2c. MAILING ADDRESS 5570 HAVENCR 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S	R'S EXACT FULL  IAME  NAME  LEST DR  ADD'L INFO RE ORGANIZATION DEBTOR  SNAME (OF NAME OF TAME)  TY BANK OI	26. TYPE OF ORGANIZATION OTAL ASSIGNEE of ASSIGNOR S	FIRST NAME  JUDITH ANN  CITY  KLAMATH  21. JURISDICTION OF ORGANIZATION	MIDDLE I	POSTAL CODE 97603 ANIZATIONAL ID #, if any	C
2. ADDITIONAL DEBTO 2a. ORGANIZATION S N  OR 2b. INDIVIDUAL'S LAST  MARLTON  2c. MAILING ADDRESS  5570 HAVENCR  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  1ST SECURI	R'S EXACT FULL  IAME  NAME  LEST DR  ADD'L INFO RE ORGANIZATION DEBTOR  SNAME (OF NAME OF TAME)  TY BANK OI	26. TYPE OF ORGANIZATION OTAL ASSIGNEE of ASSIGNOR S	FIRST NAME  JUDITH ANN  CITY  KLAMATH  2f. JURISDICTION OF ORGANIZATION  P)-insert only one secured party name (3a or 3b)	STATE OR 29. ORG.	POSTAL CODE  97603  ANIZATIONAL ID #, if any	St. St.
2. ADDITIONAL DEBTO 25. ORGANIZATION S N  OR 26. INDIVIDUAL'S LAST  MARLTON  2c. MAILING ADDRESS  5570 HAVENCR 2d. SEEINSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  1ST SECURI	R'S EXACT FULL  IAME  NAME  LEST DR  ADD'L INFO RE ORGANIZATION DEBTOR  SNAME (OF NAME OF TAME)  TY BANK OI	26. TYPE OF ORGANIZATION OTAL ASSIGNEE of ASSIGNOR S	FIRST NAME  JUDITH ANN  CITY  KLAMATH  2f. JURISDICTION OF ORGANIZATION  P)-insert only one secured party name (3a or 3b)	STATE OR 29. ORG.	POSTAL CODE 97603 ANIZATIONAL ID #, if any	C

4. This FINANCING STATEMENT covers the following collateral:

4 WINDOWS

RELATED MATERIALS

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	AG, LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed   ESTATE RECORDS. Attach Addendum.	for record] (or recorded) in	the REAL 7, Check to REQ	UEST SEARCH REPORT(S) on Debtor(s) FEEI [optional]	All Debtors Debtor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA				

LOW INSTRUCTIONS (front and b	1b) ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME						
		MIDDLE NAME, SUFFIX				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SOFTIA				
MARLTON	MERLIN					
MISCELLANEOUS:		1				
		ļ.				
		Į.				
		Į				
			THE ABOV	E SPACE !	FOR FILING OFFIC	E USE ONLY
1. ADDITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	ate of combine har	1100		
11a. ORGANIZATION'S NAME						
		FIRST NAME		MIDDLE	IAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME						
		CITY		STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS						
	THE OF OR ORGANIZATION	111. JURISDICTION OF ORGA	NIZATION	11g. OR	ANIZATIONAL ID #, if a	ту
1d. SEE INSTRUCTIONS ADD'L INF	FO RE 118. TYPE OF ORGANIZATION	111111111111111111111111111111111111111		1		NC
DEBTOR		10	(12a or 12b)			
2. ADDITIONAL SECURED P	ARTY'S or ASSIGNOR S/P	S NAME - insert only one name	(128 01 129)			
12a. ORGANIZATION'S NAME						
		FIRST NAME		MIDDL.E	NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME			110710000			
		CITY		STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS						
	rs timber to be cut or as-extracte	ed 16. Additional collateral desc	ription:			
13. This FINANCING STATEMENT cover	"\$					
collateral, or is filed as a fixture 14. Description of real estate:	illing.					
14. Description of four outers						
	DITION BLOCKS LOT	8				
NORTH HILLS 2ND AD	DITION; BLOCK6, LOT					
KLAMATH COUNTY		1				
OREGON  45. Name and address of a RECORD 0	DWNER of above-described real estate					
KLAMATH COUNTY OREGON  15. Name and address of a RECORD 0 (if Debtor does not have a record in	DWNER of above-described real estate terest):					
OREGON  45. Name and address of a RECORD 0	DWNER of above-described real estate lerest):					
OREGON  15. Name and address of a RECORD 0	DWNER of above-described real estate (lerest):	17. Check <u>only</u> if applicable	e and check <u>only</u> o	ne box.		
OREGON  15. Name and address of a RECORD 0	DWNER of above-described real estate lerest):	Debtor is a Trust or	Trustee acting	with respect t	o property held in trust	or Decedent's
OREGON  15. Name and address of a RECORD 0	DWNER of above-described real estate iterast):	Debtor is a Trust or 18. Check only if applicable	Trustee acting on and check only o	with respect t	o property held in trust	or Decedent's
OREGON  45. Name and address of a RECORD 0	DWNER of above-described real estate iterast):	Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMIT	Trustee acting of and check only of the trustee acting of the trus	with respect to ne box.		
OREGON  45. Name and address of a RECORD 0	DWNER of above-described real estate iterast):	Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMIT	Trustee acting of and check only of the UTILITY of a Manufactured-I	with respect to ne box. Home Transac	tion — effective 30 years	