

05 JUL 11 AM 0:52

Vol M05 Page 52483**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 07/11/05 9:52a mVol M05 Pg 52483-87

Linda Smith, County Clerk

Fee \$ 4/00 # of Pgs 5**A. NAME & PHONE OF CONTACT AT FILER [optional]**

Phone: (800) 331-3282 Fax: (818) 662-4141

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

660016 ISTAN

UCC Direct Services

6740003

P.O. Box 29071

Glendale, CA 91209-9071

OROR  
FIXTURE

File with: Klamath, OR

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**

Halvorson

**FIRST NAME**

Glen

**MIDDLE NAME**

W

**SUFFIX****1c. MAILING ADDRESS**

28455 Petersteiner Rd.

**CITY**

Bonanza

**STATE**

OR

**POSTAL CODE**

97623

**COUNTRY****1d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR**1e. TYPE OF ORGANIZATION****1f. JURISDICTION OF ORGANIZATION****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**

Halvorson

**FIRST NAME**

Rebecca

**MIDDLE NAME**

D

**SUFFIX****2c. MAILING ADDRESS**

28455 Petersteiner Rd.

**CITY**

Bonanza

**STATE**

OR

**POSTAL CODE**

97623

**COUNTRY****2d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR**2e. TYPE OF ORGANIZATION****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**

Associated Farm Mortgage, Inc.

OR

**3b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****3c. MAILING ADDRESS**

P.O. Box 85

**CITY**

Portales

**STATE**

NM

**POSTAL CODE**

88130

**COUNTRY****4. This FINANCING STATEMENT covers the following collateral:**

Exhibit 1 1/4 mile wheel line sprinkler irrigation pipe 40 HP Cornell Pump model number 4NB40-2, Serial # 54185 Uniclosed 50 HP Motor Model 364UC, Serial # 3406100

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) [if applicable] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2 [optional]**8. OPTIONAL FILER REFERENCE DATA**

6740003

2525837

**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 |
| Halvorson                  | Glen       | W                   |

**10. MISCELLANEOUS****6740003-40-1****660016 ISTAN**

2525837

File with: Klamath, OR

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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. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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.

16. Additional collateral description:

**14. Description of real estate:**

Description: Real property in the County of Klamath, State of Oregon, described as follows: Township 40 South, Range 13 East of the Willamette Meridian Section 23: SE 1/4 Section 25: NW 1/4; W 1/2 NE 1/4, and all that portion of the E 1/2 NE 1/4 Lying Westerly of the Lost River Diversion Channel, EXCEPTING THEREFROM: That portion lying within the main drain as conveyed to the United States of America by deed recorded October 23, 1927, in Volume 79 on page 131, and by deed recorded January 22, 1929 in Volume 85 on page 186, Deed Records of Klamath County, Oregon. Section 26: E 1/2NW 1/4, N 1/2SW 1/4, NE 1/4, N 1/2SE 1/4 and portion of the W 1/2NW 1/4 described as follows: Beginning at a point 1020 feet East of the corner common to Sections 22, 23, 26, and 27 all in Township 40 South, Range 13 E.W.M.,

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

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 Estate18. 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

**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          |
|                         | Halvorson                  | Glen                |
|                         |                            | MIDDLE NAME, SUFFIX |
|                         |                            | W                   |

**10. MISCELLANEOUS****6740003-40-1****660016 ISTAN**

2525837

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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. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION |
|                             |                                   |                           | 11g. ORGANIZATIONAL ID #, if any  |
|                             |                                   |                           | <input type="checkbox"/> 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.

16. Additional collateral description:

**14. Description of real estate:**

thence Southerly and Easterly 1500 feet, more or less, to a point where said course intersects the East line of the SW 1/4 NW 1/4 of Section 26, thence North along said subdivision line to the Northeast corner of the NW 1/4NW 1/4 of said Section 26, thence West 300 feet to the point of beginning. Note: There are appurtenant easements to the property being insured on which no examination of the title has been made. Said easements will not be insured, but should be included in the forthcoming conveyance. Easements are described as follows: Together with: the following perpetual easements, to run with the land, for the construction, repair, maintenance and joint use of Irrigation ditches for irrigation purposes: (a) An easement 30 feet wide extending East from Langell Valley West Side Irrigation Canal along the North side of the South Section

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

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 Estate18. 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

**FINANCING STATEMENT ADDENDUM**

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

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|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME    |            |                     |
| OR                         |            |                     |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| Halvorson                  | Glen       | W                   |

**10. MISCELLANEOUS****6740003-40-1****660016 ISTAN**

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|                             |                                   |                           |                                   |             |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|-------------|
| 11a. ORGANIZATION'S NAME    |                                   |                           |                                   |             |
| OR                          |                                   |                           |                                   |             |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |             |
|                             |                                   |                           |                                   |             |
| 11c. MAILING ADDRESS        |                                   | CITY                      | STATE                             | POSTAL CODE |
|                             |                                   |                           |                                   | COUNTRY     |
| 11d. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION |             |
|                             |                                   |                           | 11g. ORGANIZATIONAL ID #, if any  |             |
|                             |                                   |                           | <input type="checkbox"/> 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.

16. Additional collateral description:

**14. Description of real estate:**

line of Sections 23 and 24 of Township 40 South, Range 13 East of the Willamette Meridian, a distance of 6400 feet, more or less, to Lost River Diversion Channel. (b) An easement 30 feet wide extending East from Langell Valley West Side Irrigation Canal along the South line of the N 1/2 N 1/2 of Section 26, Township 40 South, Range 13 East of the Willamette Meridian, a distance of 1790 feet, more or less, to the West side of the herein described property. (c) An easement 30 feet wide extending East from Langell Valley West Side Irrigation Canal along the North side of the East-West center line of Section 26, Township 40 South, Range 13 East of the Willamette Meridian, a distance of 1525 feet, more or less, to the Southwest corner of the herein described property. Tax Parcel Number: R599784 and R629939 and R630008 and R630053 and

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

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 Estate18. 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

52487

**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<br>Halvorson | FIRST NAME<br>Glen<br>MIDDLE NAME, SUFFIX<br>W |

**10. MISCELLANEOUS**

6740003-40-1

660016 ISTAN

2525837

File with: Klamath, OR

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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                   |
| 11d. SEE INSTRUCTION             |                             | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION |                               |
| 11g. ORGANIZATIONAL ID #, if any |                             |                                   |                           |                                   | <input type="checkbox"/> 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 |
|                          |                             |  |            |             |             |

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:**

R598954 and R630062 and R598892 and R630071 and R777314 and R598927

**16. Additional collateral description:**

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

**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