2006-017354 Klamath County, Oregon

08/29/2006 12:47:19 PM

OR

97440

Fee: \$31.00

FOLLOW INSTRUCT	ONS (front and back) CAREFULLY				r
A. NAME & PHONE	OF CONTACT AT FILER [optional]	No.			
Loan Processing	Center				
	EDGMENT TO: (Name and Address)				
. 02.15/10/10/10/10	LDGMENT TO. (Name and Address)				
		 -1			
Pacific	Continental Bank	4			
RE:					
PO Bo	x 10727	į			
Eugen	e, OR 97440				
	5, 51(5) 446				
1 .					
L-1S+	06-342				
DEDTODIO		THE ABOV	E SPACE IS F	OR FILING OFFICE L	ISE ONLY
1a. ORGANIZATION	T FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION	SNAME				
3					
16. INDIVIDUAL'S LA	AST NAME	FIRST NAME	MIDDLE NAME SUEELY		
Peterson		Marcus	St		SUFFIX
MAILING ADDRESS		CITY	- CTATE		
829 Euclid A	venue	Klamath Falls	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION		OR	97601	USA
	ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID#, if an	у
ADDITIONAL DESCRIPTION	DESTOR		i N		
2a. ORGANIZATION	OR'S EXACT FULL LEGAL NAME - insert only one	e debtor name (2a or 2b) - do not abbreviate or com	bine names		X
2a. ORGANIZATION	NAME				
2b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME SUFFIX		
					SUPPIX
MAILING ADDRESS		CITY			
			STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION				
ORGANIZATION		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
	DEBTOR		ı		<u></u>
ECURED PARTY	"S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured party pame (22 as	in)		NOI
		year an party flame (Sa Ut S			
	inental Bank				
3b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	IM/DD: = :		
ĺ			MIDDLE	VAME	SUFFIX

4. This FINANCING STATEMENT covers the following collateral:

PO Box 10727

UCC FINANCING STATEMENT

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

Eugene

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER. 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL If applicable [if applicable] 7. Check to ReQUEST SEARCH REPORT(S) on Debt. [ADDITIONAL FEE] [optional]	BUYER AG. LIEN NON-UCC FILING Dr(s) All Debtors Debtor 1 Debtor 2

COUNTRY

USA

	OW INSTRUCTION		ENTADDENDUI CAREFULLY	VI				
9. N	IAME OF FIRST DE	BTOR (1a or 1b) (ON RELATED FINANCING S	TATEMENT	1			
ľ	9a. ORGANIZATION'S I	IAME			1			
OR .	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	NAME OF THE OWNER OWNER OF THE OWNER OWN]			
ľ	Peterson		Marcus	MIDDLE NAME, SUFFIX	9			
O. N	MISCELLANEOUS:				}			
					THE ABOVE	CDACE	IC FOR FU NIC OF	
1. A	DDITIONAL DEBTO	R'S EXACT FULI	LEGAL NAME - insert only on	e name (11a or 11b) - do not abbrev	riate or combine name	SPACE	IS FOR FILING OF	FICE USE ONLY
1	1a. ORGANIZATION'S N	IAME			Tato or combine harris			
R.								
1	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
I C M	IAILING ADDRESS	·						
. IV	ALING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
ld. S	EE INSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	AUZATION:			
		ORGANIZATION DEBTOR		I THE GORGODICTION OF ORGA	NIZATION	111g. OR	GANIZATIONAL ID#, i	
T	ADDITIONAL SEC		or ASSIGNOR S/P'S	NAME - insert only one name	(120 0 104)	<u> </u>		NO
12	a. ORGANIZATION'S N	AME		TVAINE - Insert only one harne	(128 01 120)			
R .								
12	b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
C M	AILING ADDRESS							
G. 1917	ALINO ADDICESS			CITY		STATE	POSTAL CODE	COUNTRY
. Thi	s FINANCING STATEM	NT rovers Thimbs		16. Additional collateral descrip				
col	lateral, or is filed as a	fixture filing.	er to be cut oras-extracted	To. Additional collateral descrip	tion:			
Des	scription of real estate:							
See	attached Exh	ibit "A"						
_en	ders lien on	fixtures sr	pecific to these					
iχtι	ures owned by	debtor and	liocated at 2440					
)ah	lia Street, Kla	math Falls, (OR 97601.					
Nam	and address of a REC	000 014/6/50	/e-described real estate (if					
Deb	tor does not have a reco	rd interest):	/e-described real estate (if					
	ling Savings E	Bank						
	N. Wall	34		17. Check only if applicable and o	shapk only and be			
ρoι	kane, WA 9920	דע :			check <u>only</u> one box. tee acting with respec	nt to mraw :	atu bold in tour	
				18. Check only if applicable and o	check only one box.	or to brobe	rty held in trust or	Decedent's Estate
				Debtor is a TRANSMITTING U				
				Deptor is a TRANSMITTING U	TILLIY			
				Filed in connection with a Man	ufactured-Home Tran			

Exhibit "A" MOUNTAIN VIEW, BLOCK 21, LOT 17 & 18