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11/24/2006 11:41:27 AM

Fee: \$26.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
NORA FOCHT (800) 648-8026

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC
14010 FIRST NATIONAL BANK PARKWAY, 205
OMAHA, NE 68154

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
NORTHCUTT

FIRST NAME
JOHN

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS
6521 E. LANGELL VALLEY RD.

CITY
BONANZA

STATE
OR

POSTAL CODE
97623

COUNTRY
USA

1d. TAX ID #: SSN OR EIN

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
NORTHCUTT

FIRST NAME
CAROLYN

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS
6521 E. LANGELL VALLEY RD.

CITY
BONANZA

STATE
OR

POSTAL CODE
97623

COUNTRY
USA

2d. TAX ID #: SSN OR EIN

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
DIVERSIFIED FINANCIAL SERVICES, LLC

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS
14010 FIRST NATIONAL BANK PARKWAY, 205

CITY
OMAHA

STATE
NE

POSTAL CODE
68154

COUNTRY
USA

4. This FINANCING STATEMENT covers the following collateral:
1-NEW 2006 MODEL 8000 VALLEY PIVOT 2182' 12-TOWER
60 HP SHORTSET TURBINE PUMP, PANEL, SUMP, FILTER
533' 12" 100 PSI PVC, FLOW METER, MISC. VALVES & FITTINGS

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 [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA
#134794-001

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (Page 15) ON RECENT PAYMENTS ON CARD			
9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME, SUFFIX	
	NORTHCUTT	JOHN	

10. MISCELLANEOUS:

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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. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION ORDER	11e. TYPE OF ORGANIZATION			11f. JURISDICTION OF ORGANIZATION			11g. ORGANIZATIONAL ID #, if any				
										<input type="checkbox"/> NONE			

12. ADDITIONAL SECURED PARTY'S <input type="checkbox"/> ASSIGNEE'S <input type="checkbox"/>					
12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

14. Description of real estate:

SECTION 20 T-39S R-12E TAX LOT 600
KLAMATH COUNTY, OR

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):

JOHN NORTHCUTT

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