

WTC 91175

2011-009494

Klamath County, Oregon



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Fee: \$52.00

RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED
BY THE PERSON REPRESENTING THE
ATTACHED INSTRUMENT FOR RECORDING.
ANY ERRORS IN THIS COVER SHEET DO NOT
AFFECT THE TRANSACTION(S) CONTAINED
IN THE INSTRUMENT ITSELF.

After Recording, Return To:

AmeriTitle

300 Klamath Avenue

Klamath Falls, OR 97601

1. Name(s) of the Transaction(s):

UCC Financing Statement

2. Direct Party (Debtor):

Eugene F. Bales and Cindy M. Bales

3. Indirect Party (Secured Party):

Robert E. Bales and Netta Jean Bales

4. True and Actual Consideration Paid:

n/a

5. Legal Description: Lots 770 and 771 of Block 6, MILLS ADDITION TO
THE CITY OF KLAMATH FALLS, according to the official plat thereof on
file in the office of the County clerk of Klamath County, Oregon (commonly
known as 1003 East Main Street, Klamath Falls, OR 97601

527107

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Michael P. Rudd (541) 882-6616
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Michael P. Rudd Brandsness, Brandsness & Rudd, P.C. 411 Pine Street Klamath Falls, OR 97601

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 BALES		FIRST NAME EUGENE	MIDDLE NAME F	SUFFIX	
1c. MAILING ADDRESS 1003 EAST MAIN STREET		CITY KLAMATH FALLS		STATE OR	POSTAL CODE 97601	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 <input type="checkbox"/> 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 BALES		FIRST NAME CINDY	MIDDLE NAME M	SUFFIX	
2c. MAILING ADDRESS 1003 EAST MAIN STREET		CITY KLAMATH FALLS		STATE OR	POSTAL CODE 97601	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 <input type="checkbox"/> 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						
OR	3b. INDIVIDUAL'S LAST NAME BALES		FIRST NAME ROBERT	MIDDLE NAME E	SUFFIX	
3c. MAILING ADDRESS 431 UPHAM		CITY Klamath Falls, OR 97601		STATE OR	POSTAL CODE 97601	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All assets, equipment, inventory, account receivables, goodwill, telephone number, the name "Bob's Color Tile", tools, furniture, and fixtures located at 1003 East Main Street in Klamath Falls, Oregon.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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) (ADDITIONAL FEE) (optional)			<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

UCC 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

BALES

FIRST NAME

EUGENE

MIDDLE NAME, SUFFIX

F

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

12. ☒ ADDITIONAL SECURED PARTY'S ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

BALES

FIRST NAME

NETTA

MIDDLE NAME

JEAN

SUFFIX

12c. MAILING ADDRESS

431 UPHAM

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

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:

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

EXHIBIT "A"

Lots 770 and 771 of Block 106, MILLS ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Commonly known as 1003 East Main Street, Klamath Falls, OR 97601