· WJC91971-KR

## **RECORDING COVER SHEET**

ORS 205.234

This cover sheet has been prepared by the person presenting the attached instrument for recording. Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself.

Reference – Escrow No.

MT91971-KR

Title Order No.

0091971

Please print or type information.

1 AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Umpqua Bank Address: PO Box 1580

City, ST Zip: Roseburg, OR 97470

2. TITLE(S) OF THE TRANSACTION(S) — Required by ORS 205.234(1)(a)

Note: "Transaction" means any action required or permitted by law to be recorded, including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property. Enter descriptive title for the lien instrument:

Document Title(s): UCC Financing Statement and Addendum

3. DIRECT PARTY / GRANTOR Names and Addresses – Required by ORS 205.234(1)(b)

for Mortgages/Liens list Borrower/Debtor

**Borrower Name & Address:** 

MDLN Properties, LLC, an Oregon limited liability company

2012-000138

01/06/2012 03:09:57 PM

Klamath County, Oregon

PO Box 417,

Malin, OR 97632

4. INDIRECT PARTY / GRANTEE Names and Addresses — Required by ORS 205.234(1)(b)

for Mortgages/Liens list Beneficiary/Lender/Creditor

Beneficiary Name & Address: Umpqua Bank,

**C/O Loan Support Services** 

PO Box 1580

Roseburg, OR 97470

5. For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260:

UNTIL A CHANGE IS REQUESTED, ALL TAX STATEMENTS SHALL BE SENT TO

Name: MDLN Properties, LLC

Address: c/o Lon Baley, PO Box 417

City, ST Zip: Malin, OR 97632

TAX ACCOUNT NUMBER OF THE PROPERTY – Required by ORS 312.125(4)(b)(B)

52ANJ

Fee: \$52.00

INDICIDAL STATE   POSTAL CODE   COUN		CONTACT AT FILER [optional]				
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names    Ta. ORGANIZATION'S NAME   MIDDLE NAME   SUFFI   MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUN	Umpqua PO Box	Bank 1580				
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names    Ta ORGANIZATION'S NAME   MIDDLE NAME   SUFFI   MDLN Properties, LLC   Tb. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   Malin   OR 97632-0417   US,     SEE INSTRUCTIONS   ADDILINFO RE 10. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONALID #, if any ORGANIZATION SPORT   ORGANIZATION   1g. ORGANIZATIONALID #, if any ORGANIZATION   1g. ORG				OVE ODA CE IO E	NR EII INO OFFIOE HOI	- 01414
MDLN Properties, LLC    MIDDLE NAME					OR FILING OFFICE US	ONLY
R TO INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIL  MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUN   PRO. BOX 417   SEE INSTRUCTIONS   ADD'L INFO RE   10 TYPE OF ORGANIZATION   1f JURISDICTION OF ORGANIZATION   1g, ORGANIZATION   258529-97   C  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gine debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUFFI   ORGANIZATION   2g, ORGANIZATIONAL ID #, if any ORGANIZATION   0 CRESTOR   0 COUN   0 CRESTOR   0 CRESTOR   0 COUN   0 CRESTOR   0 COUNT   0 COUNT   0 COUNT   0 COUNT   0 COUNT   0 COUN	1					
P.O. Box 417    Mailin	.1	•	FIRST NAME	MIDDLE	NAME	SUFFIX
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    2b. INDIVIDUAL'S LAST NAME			1			COUNTE
2a. ORGANIZATION'S NAME    Substitution   Postation	SEE INSTRUCTIONS	ORGANIZATION	•	1 *		
EMAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTY  SEE INSTRUCTIONS  ADD'L INFO RE 129. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  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  Umpqua Bank  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  CITY  Roseburg  CITY  Roseburg  CITY  FIRST NAME  SUFFIX  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional epilacements, 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 according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance, general intangibles and according to any of the foregoing (including insurance)			debtor name (2a or 2b) - do not abbreviate or	combine names		
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  Umpqua Bank  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  MIDDLE NAME  SUFFIX  This FINANCING STATEMENT covers the following collisteral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additice eplacements, 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 according to any of the foregoing (including insurance, general intangibles and according to the foregoing insurance in the foregoing insurance	2b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
ORGANIZATION DEBTOR  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  Umpqua Bank  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  CITY  Roseburg  This FINANCING STATEMENT covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional explanations and substitutions relating to any of the foregoing; all records of any kind relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and according)	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
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  Umpqua Bank  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  CITY  This FINANCING STATEMENT covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional epilacements, and substitutions relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and according)	SEE INSTRUCTIONS	ORGANIZATION .	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
3b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  C/O Loan Support Services, PO Box 1580  This FINANCING STATEMENT covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts).		NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3	Ba or 3b)		
C/O Loan Support Services, PO Box 1580  Roseburg  OR 97470  US/  This FINANCING STATEMENT covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional epilacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts).			FIRST NAME	MIDDLE	NAME	ISUFFIX
C/O Loan Support Services, PO Box 1580  Roseburg  OR 97470  US/  This Financing statement covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional components, and substitutions relating to any of the foregoing; all records of any kind relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts).						
All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of oregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and account		·		1-1	F	USA
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)R	9b. INDIVIDUAL'S LAST I	NĀMĒ	FIRST NAME	MI	DDLE NAME, SUFFIX					
0.	MISCELLANEOUS:	· ·								
	<u> </u>					THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE O	NLY
1.	ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	e name (11a	or 11b) - do not abbre	viate or combine nar	nes			
_										
R	11b. INDIVIDUAL'S LAST	NAME		FIRST N	AME	***	MIDDLE	NAME	SUFF	=IX
1c.	MAILING ADDRESS		·	CITY			STATE	POSTAL CODE	coul	NTRY
1d.	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JUR	ISDICTION OF ORGA	ANIZATION	11g. OR	GANIZATIONAL ID #, if i	any	
2.	ADDITIONAL SEC	URED PARTY	S or ASSIGNOR S/P	'S NAME	insert only one name	(12a or 12b)	<del></del> -			NC
	12a. ORGANIZATION'S N	AME		<u>"</u>						
R	12b. INDIVIDUAL'S LAST I	NAME		FIRST NA	ME		Tunner			
		V 117/L		I I I I I I	VIVI C		MIDDLE	NAME	SUFF	IX
2C.	MAILING ADDRESS			CITY		***	STATE	POSTAL CODE	COUR	VTRY
4. 1	This FINANCING STATEME collateral, or is filed as a Description of real estate:	NT covers timb	er to be cut or as-extracted	16. Addit	ional collateral descri	ption:				
1	Name and address of a REC Debtor does not have a reco	ORD OWNER of abo of interest):	ve-described real estate (if							
				17. Check	only if applicable and	check only one box				
					Trust or T			perty held in trust or	Decedent's	s Esta
					only if applicable and	·		16 10		
					is a TRANSMITTING					
				Filed in	n connection with a M	anufactured-Home T	ransaction			

## LEGAL DESCRIPTION

## "EXHIBIT A"

## EXHIBIT "A" LEGAL DESCRIPTION

Government Lots 8, 9, 16, 20, 22 and the E1/2 of Government Lot 10, Section 14, Township 41 South, Range 11 East, Willamette Meridian, Klamath County, Oregon.

Excepting therefrom a parcel of land situated in Section 14, Township 41 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon, further bounded and described as follows:

Beginning at the Quarter (1/4) corner common to Sections 13 and 14 of said Township 41 South, Range 11 East of the Willamette Meridian; thence South 0°01'13" East along the section line common to said Sections 13 and 14, said section line also being the centerline of Gaines Road, a distance of 1651.66 feet to the point of intersection with the centerline of State Line Road, said centerline of State Line Road being the common boundary between the States of Oregon and California; thence North 89°07'24" West along said centerline of State Line Road and the common boundary between the States of Oregon and California a distance of 235.28 feet to a point and True Place of Beginning; thence continuing North 89°07'24' West along said centerline a distance of 812.57 feet to a point; thence North 0°39'30" East and passing through an iron pin 30.00 feet therefrom, a distance of 298.04 feet to an iron pin; thence South 89°07'24" East and parallel to said centerline of State Line Road a distance of 812.57 feet to an iron pin; thence South 0°39'30" West and passing through an iron pin 268.04 feet therefrom, a distance of 298.04 feet to the point of intersection with the said centerline of State Line Road and true point of beginning.

EXCEPTING THEREFROM the Southerly 30.00 feet for public right-of-way purposes.