

2012-004785

Klamath County, Oregon



00117750201200047850020029

05/08/2012 08:37:36 AM

Fee: \$42.00

2012-004126

Klamath County, Oregon



00116957201200041260020029

04/20/2012 10:13:56 AM

Fee: \$42.00

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

LYNETTA AYLING 541-471-8662

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

SOFCU COMMUNITY CREDIT UNION  
AFFILIATE OF FIRST COMMUNITY CU  
PO BOX 1358  
GRANTS PASS, OR 97528

Attn: Lynetta

Re-record to add  
Secured party

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 SHIDLER			FIRST NAME PHYLLIS	MIDDLE NAME C	SUFFIX	
1c. MAILING ADDRESS 22622 SCHAUPP ROAD				CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97603	COUNTRY USA
1d. SEE INSTRUCTIONS		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			FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS				CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS		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 SOFCU an Affiliate of First Community Credit Union							
OR	3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS P.O. Box 1358				CITY Grants Pass	STATE OR	POSTAL CODE 97528	COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

Fiberglass balling crawl space, Mitsubishi heat pump,

5. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> 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. See Instruction Debtor(s)	
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	FIRST NAME
	SHIDLER	PHYLLIS
		MIDDLE NAME, SUFFIX
		C

## 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
22622 SCHAUPP RD		KLAMATH FALLS	OR	97603
				COUNTRY
				USA
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
				COUNTRY

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:

TWP 40 RANGE 11, BLOCK SEC 4, TRACT POR N2,  
ACRES 80.00, MS X#237753 HOME ID 284129

22622 SCHAUPP ROAD  
KLAMATH FALLS, OR 97603

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

### 16. Additional collateral description:

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 Public-Finance Transaction — effective 30 years