## 2012-004801 Klamath County, Oregon

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UCC FINANCING STATEMENT 05/08/2012 09:44:51 AM Fee: \$42.00 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Lynetta 541-471-8662 B. SEND ACKNOWLEDGMENT TO: (Name and Address) **SOFCU** Attn: Lynetta P.O. Box 1358 Grants Pass OR 97528 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 SUFFIX OR FIRST NAME MIDDLE NAME 1b. INDIVIDUAL'S LAST NAME Helene Mussuto POSTAL CODE COUNTRY 1c. MAILING ADDRESS 97601 US Klamath Falls OR 220 Lincoln St 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION 1e. TYPE OF ORGANIZATION ADD'L INFO RE 1d. SEE INSTRUCTIONS ORGANIZATION DEBTOR 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 SUFFIX QR FIRST NAME MIDDLE NAME 2b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY STATE 2c. MAILING ADDRESS CITY 26. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any ADD'L INFO RE ORGANIZATION 2d. SEE INSTRUCTIONS NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR S/P) - insert only one secured party name (3a or 3b) SOFCU an Affiliate of First Community Credit Union FIRST NAME MIDDLE NAME SUFFIX 36\_INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY 3c. MAILING ADDRESS CITY 97528 **Grants Pass** OR P.O. Box 1358 4. This FINANCING STATEMENT covers the following collateral: **DUCTLESS MINI SPLIT HEAT PUMP** BATHROOM FAN/LIGHT WITH BAFFLE AG. LIEN NON-UCC FILING SELLER/BUYER ☐ BAILEE/BAILOR 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. See Instruction Debtor(s) Attach Addendum (If applicable)

8. OPTIONAL FILER REFERENCE DATA

	UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY								
	AME OF FIRST DEBT 9a. ORGANIZATIONS N	OR (1a or 1b) O	FEMENT						
OR	96. INDIVIDUAL'S LAST Mussuto	NAME	FIRST NAME Helene	MIDDLE NAME, SUFFIX					
40.			Helene						
10.	MISCELLANEOUS:		<del></del>		TUE ABOVE &			þ.	
11.	ADDITIONAL DEBTO	R'S EXACT FUL	L LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevi	ate or combine serves	PACE IS FO	OR FILING OFFICE L	JSE ONLY	
	11a. ORGANIZATION'S I	NAME		TRAINE (THE OF THE) * GO HOL BOOLEVI	ate or combine names				
~						<b>.</b> "			
OR	11b. INDIVIDUAL'S LAST	NAME		FIRST NAME	. 1	MIDDLE N	AME	SUFFIX	
11c. l	MAILING ADDRESS		-	CITY	V	STATE	POSTAL CODE	COUNTRY	
11d. §	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f, JURISDICTION OF ORG	SANIZATION	11g. ORGA	I NIZATIONAL ID#, if any		
12.	ADDITIONAL SEC		'S or ASSIGNOR S/P'	S NAME - insert only one name (	13a as 40b)	·	_	LINONE	
	12a. ORGANIZATION'S N	IAME	- E CONTRACTOR	O TAPAWE - Insert only one name (	12a or 12b)		_		
OR						- 1	. 1		
	12b. INDIVIDUÄL'S LAST	NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX	
12c. N	AAILING ADDRESS	- 4		CITY	4	STATE	POSTAL, CODE	COUNTRY	
14. Lot Fall the	s, Oregon, accord office of the Coun	A fixture filing.  TADDITIO  ing to the offit  ty Clerk of k	N to the City of Klamaticial plat thereof on file i	n l	fotion:	7			
15.	Name and address of a RE (if Debtor does not have a r	CORD OWNER of a ecord interest):	bove-described real estate						
				17. Check only if applicable an					
					Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate				
				18. Check only if applicable an	d check <u>only</u> one box.		····	·	
				Debtor is a TRANSMITTIN					
				Filed in connection with a F	Public-Finance Transac	tion effective	/e 30 vears		