UCC FINANCING	STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 14413 UMPQUA BANK 36301618 **CT Lien Solutions** P.O. Box 29071 OROR Glendale, CA 91209-9071 **FIXTURE**

2012-014350 Klamath County, Oregon



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12/27/2012 09:35:16 AM			Fee: \$42.00

File with: CC OR Klamath, OR			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
1. D	EBTOR'S EXACT FULI	LEGAL NAME -	insert only o <u>ne</u> debtor name (1	a or 1b) - do not	abbreviate or combine names				
	1a. ORGANIZATION'S NA	AME							
R	1b. INDIVIDUAL'S LAST NAME HITT		FIRST NAME LUCINDA		MIDDLE NAME		SUFFIX		
1c. N	MAILING ADDRESS 8 SHASTA WAY	1.00		CITY KLAMATH	FALLS	STATE OR	POSTAL CODE 97603	COUNTRY	
1d. <u>Ş</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTI	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE	
2. Al	DDITIONAL DEBTOR'S	EXACT FULL LE	GAL NAME - insert only one_c	debtor name (2a	or 2b) - do not abbreviate or co	ombine na	mes		
	2a. ORGANIZATION'S NA			,	•				
DR	2b. INDIVIDUAL'S LAST I	INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
2c. N	 AILING ADDRESS		 	CITY		STATE	POSTAL CODE	COUNTRY	
2d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTI	ON OF ORGANIZATION	2g. ORG	I ANIZATIONAL ID #, if any	NONE	
3. S	ECURED PARTY'S NA	ME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	DR S/P) - insert o	nly o <u>ne</u> secured party name	(3a or 3b)			
	3a. ORGANIZATION'S NA Umpqua Bank	ME							
DR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
	MAILING ADDRESS Box 1820			CITY Roseburg		STATE	POSTAL CODE 97470	COUNTRY USA	
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This FINANCING STATEMENT covers the following collateral

This filing is not to perfect a security interest or lien on the described real property. It is a "Non-UCC Filing" to simply facilitate notice to Umpqua Bank in the event the real property is sold or otherwise transferred. LEGAL DESCRIPTION A portion of Lot 15, Block 8, PLEASANT VIEW TRACTS, more particularly described as follows: Beginning at a point on the North Boundary of said Lot 15, which is 57.0 feet East of the Northwest corner of said Lot 15; thence South parallel to the West boundary of said Lot 15 a distance of 85.0 feet; thence East parallel to the North boundary of said Lot 15, a distance of 57.0 feet, more or less to the East boundary of said Lot 15, thence North along the said East boundary a distance of 85.0 feet to the Northeast corner of said Lot; thence West along the North boundary of said Lot, a distance of 57.0 feet, more or less, to the point of beginning, EXCEPTING THEREFROM the Easterly 5 feet of the hereinabove described land taken for the widening of Fargo Street in County Commissioner's order recorded July 22, 1965 in M65 at page 216. M65 at page 216.

5. ALTERNATIVE DESIGNATION [if applicable]		/CONSIGNOR BAILEE/BAILOR SELLER/BUY	ER AG. LIÉN NON-UCC FILING
6. X This FINANCING STATEMENT is to be file	d [for record] (or recorded) in the REAL (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
36301618	69023766	HUB	

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FINANCING STATE FOLLOW INSTRUCTIONS (front ar	MENT ADDENDUM Id back) CAREFULLY						
9. NAME OF FIRST DEBTOR (1a o	r 1b) ON RELATED FINANCING STATE	MENT					
OR 9b. INDIVIDUAL'S LAST NAME HITT	FIRST NAME LUCINDA	MIDDLE NAME, SUFFIX					
10. MISCELLANEOUS							
36301618-OR-35							
14413 UMPQUA BANK File with: CC OR Klamath, OR	HUB 690	23766					
44 ADDITIONAL DEPTODIC EVAC	TEUR LECAL MANE Send on the send	(4444b)	l		R FILING OFFICE USE	ONLY	
11. ADDITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME - insert only one	_ name (11a or 11b) - do not :	appreviate or combine n	names			
OR AAL INDIVIDUAL OF MANE	11 + 11 + 11 + 11 - 11 - 11 - 11 - 11 -	FIRST NAME		4000 5 4		Louise	
11b, INDIVIDUAL'S LAST NAME		FIRST NAME	ľ	MIDDLE N	NAME	SUFF	ix
11c. MAILING ADDRESS		CITY	s	STATE	POSTAL CODE	COUN	ITRY
	NFO RE 11e. TYPE OF ORGANIZATION R	11f. JURISDICTION OF ORG	GANIZATION 1	1g. ORG	SANIZATIONAL ID #, i	f any	NONE
12. ADDITIONAL SECURED I		NAME - insert only o <u>ne</u> name	e (12a or 12b)				
12a. ORGANIZATION'S NAME							
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	N	AIDDLE N	AME	SUFF	IX
12c. MAILING ADDRESS		CITY	s	TATE	POSTAL CODE	COUN	ITRY
13. This FINANCING STATEMENT cover collateral or is filed as a fixtur	s timber to be cut or as-extracted as as-extracted	16. Additional collateral des	cription:				
	~ g.						
14. Description of real estate:							
or lien on the described rea Filing" to simply facilitate no event the real property is so LEGAL DESCRIPTION A p. PLEASANT VIEW TRACTS follows: Beginning at a poir Lot 15, which is 57.0 feet Esaid Lot 15; thence South p. said Lot 15 a distance of 85 the North boundary of said more or less to the East both North along the said East both to the Northeast corner of s	old or otherwise transferred. Ortion of Lot 15, Block 8, In more particularly described and on the North Boundary of sai ast of the Northwest corner of arallel to the West boundary of 0.0 feet; thence East parallel to Lot 15, a distance of 57.0 feet, undary of said Lot 15, thence coundary a distance of 85.0 feet aid Lot; thence West along the	d					
15. Name and address of a RECORD OV (if Debtor does not have a record in							
In pearly goes that have a recold at		47 Chook and if annivers	and shoot tall as a few				
		17. Check <u>only</u> if applicable a Debtor is a Trust or	and check <u>only</u> one box. Trustee acting with respect	to prope	rty held in trust or	Decede	nt's Estate
		18. Check only if applicable a	and check <u>only</u> one box.	•			
		Debtor is a TRANSMITT					
		∫ -	a Manufactured-Home Tran				
		riled in connection with	a Public-Finance Transaction	un	Dranged by CT Lian Se		D 00074