UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Phone: (800) 331-3282 Fax: (818) 662-4141

2013-003680 Klamath County, Oregon

001339072013	00036800030038

04/08/2013 09:51:04 AM

Fee: \$47.00

	CT Lien Solu	utions	376024	26					
	P.O. Box 29	071	0000						
	Glendale, C	4 91209-9071	OROR	<u> </u>					
l			FIXTUF	KE					
		Eilo with:	CC OR Klamath, OR						
ᆫ			•		L		ILING OFFICE USE ONL'	<u>Y</u>	
1. D	1a. ORGANIZATION'S		insert only one debtor name (1	1a or 1b) - do no	abbreviate or combine nam	nes			
OR	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
	Schweiger			John		C.			
1c. #	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
220	00 Ashland Street			Ashland		OR	97520	USA	
1d. §	SEE INSTRUCTIONS	ADD'L INFO RE	1e, TYPE OF ORGANIZATION	1f. JURISDICT	ION OF ORGANIZATION	1g. QRC	SANIZATIONAL ID #, if an	y .	
		ORGANIZATION DEBTOR						NONE	
2. A	ADDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only one	lebtor name (2a	or 2b) - do not abbreviate o	r combine n	ames		
	2a. ORGANIZATION'S		A.						
OR	John C. Schwei	ger Loving 11u	SI						
	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
							T====		
2c. MAILING ADDRESS 2200 Ashland Street			CITY Ashland		STATE	POSTAL CODE 97520	COUNTRY		
	OFF WOTEVIOUS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION		ION OF ORGANIZATION				
2a. 3	SEE INSTRUCTIONS	ORGANIZATION	TRUST	21. JURISDIC I	OR	Zg. URC	SANIZATIONAL ID#, if an	X	
2.0	PECUBER BARTVIČA	DEBTOR	TOTAL ASSIGNEE of ASSIGN	OR C /D\ insort	anks and accurat parts non	-0 (20 05 2)		NONE	
3, 3	3a. ORGANIZATION'S		TOTAL ASSIGNEE OF ASSIGN	OR 3 /F) - Insen	only one secured party han	ile (Saul St	<u>". </u>		
	PremierWest Ba	ank							
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX		
	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
140	63 E. McAndrews	Road Ste 3		Medford		OR	97504	USA	
4. TI	his FINANCING STATEM	ENT covers the follow	ing collateral:			<u> </u>	, i	<u> </u>	
			(lamath Falls, OR 97601; w g to any of the foregoing; al						
			intangibles and accounts p		,g 4.11, -		and and branching an		

23016 PREMIERWEST BA

	LESSEE/LESSOR CONSIGNEE/O	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [ESTATE RECORDS. Attach Addendum	for record] (or recorded) in the REAL [if applicable]	 Check to REQUEST SEARCH REPORT IADDITIONAL FEE! 	RT(S) on Debtor(s)	All Debtors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					
37602426	9755	58-SC	OR BUSINESS BA	NKING	

	_
	_
	_
_	_
=	_
	_
_	
_	
=	_
_	
_	_
=	_
-	
=	_
_	_
=	_
_	
	_
=	_
_	_
_	=
_	النتند
=	
_	
_	_
_	
=	
_	
_	
_	
_	_
-	
_	_
	_
=	
Ξ	
	_
	_
	=
	=
	=

11d. MAILING ADDRESS CITY STATE POSTAL CODE C 11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR 12. ADDITIONAL SECURED PARTY'S OF 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 S	<u>,</u>
Se individual's Last name First name Middle name suffix 10. MISCELLANEOUS 37602426-OR-35 23016 PREMIERWEST BA File with: CC OR Klamath, OR58-SO OR BUSINESS BAN9755) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only got name (11a or 11b) - do not abbreviate or combine names 11a. NONIDUAL'S LAST NAME FIRST NAME MIDDLE NAME S 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME S 11c. MAILING ADDRESS CITY STATE POSTAL CODE C 11d. SEEINSTRUCTION ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only got name (12a or 12b) 12a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME S 12b. INDIVIDUAL'S LAST NAME FIRST NAME - insert only got name (12a or 12b) 12c. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME S 12c. MAILING ADDRESS CITY STATE POSTAL CODE C 13. This FINANCING STATEMENT covers Information Middle Name S 15c. MAILING ADDRESS CITY STATE POSTAL CODE C 15d. Notificial collateral description: Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filed as a X feature filing Collateral or is filing Collateral or is filing Collateral or is f	<u>, </u>
So. INDIVIDUAL'S LAST NAME FIRST NAME John Gr.	<u>,</u>
23016 PREMIERWEST BA 23016 PREMIERWEST BA File with: CC OR Klamath, OR58-SO OR BUSINESS BAN97553 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 PITS. INDIVIDUAL'S LAST NAME Ind. MAILING ADDRESS CITY STATE POSTAL CODE CORGANIZATION DEBTOR 12a. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME STATE MIDDLE NAME 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME STATE MIDDLE NAME STATE POSTAL CODE COLOR ORGANIZATION OF ORGANIZATION 11c. Additional collateral description: Collateral or is filed as a	<u>,</u>
23016 PREMIERWEST BA File with: CC OR Klamath, OR58-SO OR BUSINESS BAN97553 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 11b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME S 11c. MAILING ADDRESS CITY STATE POSTAL CODE C ORGANIZATION DEBTOR 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12. Tab. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME S 12c. MAILING ADDRESS CITY STATE POSTAL CODE C 13. This FINANCING STATEMENT covers inher to be cut or as-extracted collateral or is filed as a X feture filing. 14. Description: 2626 Biehn Street, Klamath Falls, Oregon	<u>, </u>
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 11b. INDIVIDUAL'S LAST NAME 11c. MAILING ADDRESS 11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 12 ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS 12d. INDIVIDUAL'S LAST NAME 12d. INDIVID	<u> </u>
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 11b. INDIVIDUAL'S LAST NAME 11c. MAILING ADDRESS 11d. SEE INSTRUCTION ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME 15c. MAILING ADDRESS 17c. MAILING ADDRESS 17c. INDIVIDUAL'S LAST NAME 17c. MAILING ADDRESS 17c. INDIVIDUAL'S LAST NAME 17c. MAILING ADDRESS 17d. INDIVIDUAL'S LAST NAME 17d. INDIVIDU	Υ
11b. INDIVIDUAL'S LAST NAME TID. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME S STATE POSTAL CODE C CITY STATE	
11c. MAILING ADDRESS CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY 11d. SEE INSTRUCTION ADDIT INFO RE ORGANIZATION DEBTOR 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 FIRST NAME MIDDLE NAME S CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY 13. This FINANCING STATEMENT covers important timber to be cut or as-extracted collateral or is filed as a fixture filing. 14. Description of real estate: Description: 2626 Biehn Street, Klamath Falls, Oregon	
11c. MAILING ADDRESS CITY STATE POSTAL CODE C 11d. SEE INSTRUCTION ORGANIZATION DEBTOR 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 FIRST NAME S 12c. MAILING ADDRESS CITY STATE POSTAL CODE C 13. This FINANCING STATEMENT covers import to be cut or as-extracted collateral or is filed as a X fixture filing. 14. Description: 2626 Biehn Street, Klamath Falls, Oregon	SUFFIX
11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGAN	
ORGANIZATION DEBTOR 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 FIRST NAME STATE POSTAL CODE 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a X fixture filing. 14. Description: 2626 Biehn Street, Klamath Falls, Oregon	COUNTRY
12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS 12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a X fixture filing. 14. Description: 2626 Biehn Street, Klamath Falls, Oregon	☐ noi
12c. MAILING ADDRESS CITY STATE POSTAL CODE Collateral or is filed as a X fixture filing. 14. Description: 2626 Biehn Street, Klamath Falls, Oregon	
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a X fixture filing. 14. Description of real estate: Description: 2626 Biehn Street, Klamath Falls, Oregon	SUFFIX
collateral or is filed as a X fixture filing. 14. Description of real estate: Description: 2626 Biehn Street, Klamath Falls, Oregon	COUNTRY
Description: 2626 Biehn Street, Klamath Falls, Oregon	
Description: 2626 Biehn Street, Klamath Falls, Oregon 97601 See "Exhibit A" for legal description	
15. Name and address of a RECORD OWNER of above-described real estate	
(if Debtor does not have a record interest):	
17. Check <u>only</u> if applicable and check <u>only</u> one box. Debtor is a Trust or X Trustee acting with respect to property held in trust or De	ecedent's Est
18. Check only if applicable and check only one box.	
Debtor is a TRANSMITTING UTILITY	
Filed in connection with a Manufactured-Home Transaction	
Filed in connection with a Public-Finance Transaction Prepared by CT Lien Solutions	

EXHIBIT A LEGAL DESCRIPTION

That portion of vacated Lakeview Addition to the City of Klamath Falls, Oregon in the County of Klamath, State of Oregon, including streets, street intersections, alleys, lots and blocks, heretofore vacated by Ordinance No. 5531, and within the bounds of the following description:

Beginning at the Northwest corner of Lot 4, Block 36, Lakeview Addition to the City of Klamath Falls, in the County of Klamath, State of Oregon; thence South along the East line of Biehn Avenue to the North line of Sacramento Street; thence East along the North line of Sacramento Street to the West line of Harriman Avenue; thence North along the West line of Harriman Avenue to the Northeasterly corner of Block 39 said Lakeview Addition; thence Northwesterly along the Northeast line of said Block 39, extended across Ohio Avenue; thence along the Northeast line of Block 36 extended across Holabird Avenue; thence along the Northeast line of Block 36 to the North line of Lot 4, said Block 36; and thence along the North line of said Lot 4, the the point of beginning, all is said Lakeview Addition to the City of Klamath Falls, Oregon.

Excepting therefrom Block 44 now vacated and EXCEPTING that portion conveyed to Klamath County by deed Volume 95 at Page 518, for road purposes.