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2013-004747

Klamath County, Oregon

05/03/2013 02:26:18 PM

Fee: \$42.00 UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Angel Nemer-Kaiser (541) 858-7126 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Business Services Department, Rogue Federal Credit Union PO Box 4550 Medford, Oregon 97501 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 MIDDLE NAME SUFFIX 16. INDIVIDUAL'S LAST NAME FIRST NAME Jeffrey Groom COUNTRY POSTAL CODE STATE 1c. MAILING ADDRESS 97496 **USA** OR Winston 2620 NW Brockway Road Ig. ORGANIZATIONAL ID #, if any 11. JURISDICTION OF ORGANIZATION 1d. SEE INSTRUCTIONS ORGANIZATION NONE DEBTOR 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 FIRST NAME MIDDLE NAME SUFFIX 2b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE 2c. MAILING ADDRESS 21. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) Rogue Federal Credit Union FIRST NAME MIDDLE NAME SUFFIX 3b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY 3c. MAILING ADDRESS OR 97501 Medford 1370 Center Drive 4. This FINANCING STATEMENT covers the following collateral: All TITLDET

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5.	ALTERNATIVE DESIGNATION Til applicable	LESSEE/LESSOR C	ONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC	FILING
6.	This FINANCING STATEMENT is to be filed estate RECORDS. Attach Addendum	for record) (or recorded) is the	the REAL 7. Check to RE	QUEST SEARCH REPORT	(S) on Debtor(s) (optional)	All Debtors	Debtor 1	Debtor 2
	OPTIONAL FILER REFERENCE DATA							

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

JCC FINANCING OLLOW INSTRUCTIONS IF								
		ON RELATED FINANCING ST	ATEMENT					
9a. ORGANIZATION'S NA	ME		· · · · · · · · · · · · · · · · · · ·	1				
		C. A. C.		.				
96. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME, SUFFIX					
Groom		Jeffrey	В	l				
. MISCELLANEOUS:								
			A	THE ABOVE	SPACE	S FOR FILING OFFI	CE USE O	NLY
		LL LEGAL NAME - insert only or	name (11a or 11b) - do not al	breviate or combine	e names			
11a. ORGANIZATION'S NA	ME							
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c. MAILING ADDRESS	····	was as an annual and an	CITY		STATE	POSTAL CODE	-	NTRY
W 111 112 112 112 112 112 112 112 112 11					John	POSTAL CODE	1000	(4) IN I
1d. SEE INSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	ANIZATIONAL ID #, if	any L	
	ORGANIZATION DEBTOR	Î	i I		1		. 1	NONE
. ADDITIONAL SECU		'S or ASSIGNOR S/P'S	NAME - Insert only one name	ne (12a or 12b)				11031
12a. ORGANIZATION'S NA					· · · · · · · · · · · · · · · · · · ·			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COU	NTRY
]:			
	F	nber to be cut or as-extracted	16. Additional collateral desc	ription:				
collateral, or is filed as a Description of real estate:	tixture filing.							
•	on. The M1	/2 of the S1/2 of the						
		41 South, Range 7 East						
		nath County, Oregon.						
i die winamene me	iluian, Kian	nam County, Oregon						
			1					
Name and address of a RECORD OWNER of above-described real estate								
(if Debtor does not have a	ecord interest):		.					
			17. Check only if applicable a	nd check <u>only</u> one b	ox.			
			Debtor is a Trust or T	rustee acting with re	espect to p	roperty held in trust or	Decedent'	's Estate
			18. Check only if applicable a	nd check <u>only</u> one b	ox.			
			Debtor is a TRANSMITTIN	IG UTILITY				
			Filed in connection with a	Manufactured-Home	e Transacti	on		
			Filed in connection with a		_			

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