

2014-013386

Klamath County, Oregon



00163315201400133860020025

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

12/30/2014 10:40:16 AM

Fee: \$47.00

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)  
CLS-CTLS\_Glendale\_Customer\_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 23974 - SOLARCITY

CT Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

46221525

OROR  
FIXTURE

File with: Klamath, OR

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME  
HartFIRST PERSONAL NAME  
DeborahADDITIONAL NAME(S)/INITIAL(S)  
S

SUFFIX

1c. MAILING ADDRESS

4041 SCOTTS VALLEY DR

CITY  
KLAMATH FALLSSTATE  
ORPOSTAL CODE  
97601COUNTRY  
USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME  
HartFIRST PERSONAL NAME  
KennethADDITIONAL NAME(S)/INITIAL(S)  
M

SUFFIX

2c. MAILING ADDRESS

4041 SCOTTS VALLEY DR

CITY  
KLAMATH FALLSSTATE  
ORPOSTAL CODE  
97601COUNTRY  
USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
SOLARCITY CORPORATION

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

3055 CLEARVIEW WAY

CITY  
SAN MATEOSTATE  
CAPOSTAL CODE  
94402COUNTRY  
USA

4. COLLATERAL: This financing statement covers the following collateral:

All solar energy generation systems and associated components at any time provided by Secured Party to Debtor.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☒ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

46221525

JB-976014-00 Hart, Deborah

0400 Portland

# UCC FINANCING STATEMENT ADDENDUM

## FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

Hart

FIRST PERSONAL NAME

Deborah

ADDITIONAL NAME(S)/INITIAL(S)

S

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

KENNETH & DEBORAH HART TRUST

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

4041 SCOTTS VALLEY DR

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

KENNETH & DEBORAH HART TRUST  
4041 SCOTTS VALLEY DR  
KLAMATH FALLS, OR 97601

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 4041 SCOTTS VALLEY DR, KLAMATH FALLS, OR 97601-9449 CURRENTLY OWNED BY HART KENNETH & DEBORAH TRUST, HART KENNETH M (TE) & DEBORAH S (TE) HAVING A TAX ASSESSOR NUMBER OF R890749 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS P.P. 65-05, PARCEL 3 POR, ACRES 5.00, POTENTIAL ADDITIONAL TAX LIABILITY AND DESCRIBED IN DOCUMENT NUMBER 8-2878 DATED 03/06/2008 AND RECORDED 03/06/2008.

17. MISCELLANEOUS: 46221525-OR-35 23974 - SOLARCITY

SOLARCITY CORPORATION

File with: Klamath, OR

JB-976014-00 Hart, Deborah 0400 Portland