

2015-005741

Klamath County, Oregon

06/03/2015 11:30:45 AM

Fee: \$47.00

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

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

Rowena A. Chase (541) 883-6924

B. E-MAIL CONTACT AT FILER [optional]

rowena.chase@or.usda.gov

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**unisearch**  
 325 13<sup>th</sup> ST NE STE 501, Salem, OR 97301-2294  
 Ref: 10478

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

SMITH

FIRST PERSONAL NAME

KENNETH

ADDITIONAL NAME(S)/INITIAL(S)

E

SUFFIX

JR

1c. MAILING ADDRESS

4965 Pine Grove Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

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 1 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

SMITH

FIRST PERSONAL NAME

JANCY

ADDITIONAL NAME(S)/INITIAL(S)

JOANNE

SUFFIX

2c. MAILING ADDRESS

4965 Pine Grove Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

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

COMMODITY CREDIT CORPORATION

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

2316 S 6th Street, Suite C

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

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

Hay barn with dimensions: 45' X 108' X23'6"; with 29 guage galvanized metal roof, 8' X 10' post on concrete, 12' bays, 45' trusses with 30" overhangs. Designed to hold approximately 456.84T of hay.

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

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

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

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

## 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

SMITH

FIRST PERSONAL NAME

KENNETH

ADDITIONAL NAME(S)/INITIAL(S)

Ernie

SUFFIX

Jr

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

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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 above-described real estate described in item 16 (if Debtor does not have a record interest):

Kenneth E. Smith, Sr.  
Maudie L. Smith  
6736 Highway 39  
Klamath Falls, OR 97603

16. Description of real estate:

Township 39 South, Range 9 East of Section 24, Tax Lot 1500.

17. MISCELLANEOUS: