

AMERICAN
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2015-009274

Klamath County, Oregon

08/20/2015 11:20:11 AM

Fee: \$47.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. EMAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Northwest Farm Credit Services, FLCA
300 Klamath Avenue, Suite 200
Klamath Falls, OR 97601-6308

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

3. 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

Heaton

FIRST PERSONAL NAME

Gregory

ADDITIONAL NAME(S).INITIAL(S)

Drew

SUFFIX

1c. MAILING ADDRESS

PO Box 210

CITY

Merrill

STATE

OR

POSTAL CODE

97633

COUNTRY

USA

4. 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

Heaton

FIRST PERSONAL NAME

Melissa

ADDITIONAL NAME(S).INITIAL(S)

Anne

SUFFIX

2c. MAILING ADDRESS

PO Box 210

CITY

Merrill

STATE

OR

POSTAL CODE

97633

COUNTRY

USA

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

3a. ORGANIZATION'S NAME

Northwest Farm Credit Services, FLCA

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

Klamath Falls

ADDITIONAL NAME(S).INITIAL(S)

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

3c. MAILING ADDRESS

300 Klamath Avenue, Suite 200

5. COLLATERAL: This FINANCING STATEMENT covers the following collateral:
All now owned or hereafter acquired collateral described herein, including, without limitation the types or items of collateral described herein and inventory, accounts, general intangibles, and products and proceeds of collateral, and including:

All irrigation equipment, which are or will become fixtures, now owned and used, in whole or in part to irrigate the Debtors' property and located on property owned by Patricia L. Levenfeld and Glen H. Levenfeld, as described: on the Addendum attached hereto.

THIS FILING IS A FIXTURE FILING TO BE FILED FOR RECORD IN THE REAL ESTATE RECORDS.

5 Check only if applicable and check only one box: Collateral is ☐ held in 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 only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (If applicable): ☐ Lessor/Lessee ☐ Cosignee/Cosignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

International Association of Commercial Administrators (IACA)

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

Heaton

FIRST PERSONAL NAME

Gregory

ADDITIONAL NAME(S)/INITIAL(S)

Drew

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

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):

Patricia L Levenfeld and Glen H. Levenfeld
11050 Buesing Road
Klamath Falls, OR 97603

16. Description of real estate:

Township 40 South, Range 10 East, Klamath County, Oregon
Section 33: SW1/4SE1/4NW1/4

17. MISCELLANEOUS: