

2015-010114

Klamath County, Oregon

09/11/2015 03:15:59 PM

Fee: \$47.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Craft3 203 Howerton Way, SE PO Box 826 Ilwaco, WA 98624 |

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 Kail | FIRST PERSONAL NAME Josephine | ADDITIONAL NAME(S)/INITIAL(S) B. | SUFFIX |
| 1c. MAILING ADDRESS 935 Washburn Way | CITY Klamath Falls | STATE OR | POSTAL CODE 97603-3652 | 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 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 Goldsby | FIRST PERSONAL NAME Kristine | ADDITIONAL NAME(S)/INITIAL(S) J. | SUFFIX |
| 2c. MAILING ADDRESS 935 Washburn Way | CITY Klamath Falls | STATE OR | POSTAL CODE 97603-3652 | 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 Craft3 | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 203 Howerton Way, SE, PO Box 826 | CITY Ilwaco | STATE WA | POSTAL CODE 98624 | COUNTRY USA |

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

Energy efficiency upgrades at 935 Washburn Way, Klamath Falls, OR 97603-3652

OLD ORCHARD MANOR, LOT 12

APN: R444237.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 8. OPTIONAL FILER REFERENCE DATA: EP-17228 | |

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

Kail

FIRST PERSONAL NAME

Josephine

ADDITIONAL NAME(S)/INITIAL(S)

B.

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

OR

10b. INDIVIDUAL'S SURNAME

Kail

INDIVIDUAL'S FIRST PERSONAL NAME

Josephine

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

Viola

SUFFIX

10c. MAILING ADDRESS

935 Washburn Way

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603-3652

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)

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

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 935 WASHBURN WAY, KLAMATH FALLS, OR 97603-3652 CURRENTLY OWNED BY KAIL JOSEPHINE B/GOLDSBY KRISTINE J HAVING A TAX ASSESSOR NUMBER OF R444237 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS OLD ORCHARD MANOR, LOT 12 AND DESCRIBED IN DOCUMENT NUMBER 9392 DATED 09/09/2014 AND RECORDED 09/09/2014.

17. MISCELLANEOUS: