

2015-012538

Klamath County, Oregon

11/17/2015 02:51:54 PM

		'	Fee: \$52.00	
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS	•			
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Laura Eklund 541-618-3334				
B. E-MAIL CONTACT AT FILER (optional)				
laurae@peoplesbankofcommerce.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	<b>¬</b>			
People's Bank of Commerce	1			
1311 E. Barnett Road				
Medford, OR 97504				
i <u>L</u>	1 1			
			R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor	's name); if any part of the Ir	idividual Debtor's
	the Individual Debtor information in item 10 of	the Financing St	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL MANE (OMBUTIAL (O)	Touren
Toney	Jerry	E	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	TPOSTAL CODE	COLINTOV
6581 Griffin Creek Road	Medford	OR	97501	COUNTRY
	1			USA
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide</li> </ol>	name; do not omit, modify, or abbreviate any p the Individual Debtor information in item 10 of t	art of the Debtor	's name); if any part of the In	dividual Debtor's
2a. ORGANIZATION'S NAME	The trade below the material terms to or	no i manong ou	Control Addendant (Form O	
22. ONO MIZITION O MAINE				
OR 2b INDIVIDUAL'S SURNAME	TEIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	QT   EETY
I	FIRST PERSONAL NAME	1	NAL NAME(S)/INITIAL(S)	SUFFIX
OR 2b. INDIVIDUAL'S SURNAME Toney  2c. MAILING ADDRESS	FIRST PERSONAL NAME  Debra  City	L		
Toney  2c. MAILING ADDRESS	<b>Debra</b>	L	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS 6581 Griffin Creek Road	Debra CITY Medford	STATE OR	POSTAL CODE 97501	
Toney  2c. MAILING ADDRESS	Debra CITY Medford	STATE OR	POSTAL CODE 97501	COUNTRY
Toney  2c. MAILING ADDRESS  6581 Griffin Creek Road  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED SALIZATION'S NAME)	Debra city Medford	STATE OR	POSTAL CODE 97501	COUNTRY
Toney  2c. MAILING ADDRESS  6581 Griffin Creek Road  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNE	Debra city Medford	STATE OR v name (3a or 3b	POSTAL CODE 97501	COUNTRY
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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
	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er 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 Toney FIRST PERSONAL NAME **Jerry** ADDITIONAL NAME(S)/INITIAL(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 OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 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 STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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 16. Description of real estate: (if Debtor does not have a record interest): Parcel 1: The improvements constituting real property only as located on Lot 1, Block L, Lake of the Woods Recreation Sub-Unit (Summer Homesites), according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Parcel 2: Lot 1, Block L, Lake of the Woods Recreation Sub-Unit (Summer Homesites), according to the official plat thereof on 17. MISCELLANEOUS:

## **UCC FINANCING STATEMENT ADDENDUM**

O NAME OF FIRST DEPTOR: Come of the 4- of the First State of	nt; if line 1b was left blank			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemer because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME			•	
			•	
OR 9b. INDIVIDUAL'S SURNAME				
Toney		•		
FIRST PERSONAL NAME				
Jerry				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
E			S FOR FILING OFFICE	
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nam do not omit, modify, or abbreviate any part of the Debtor's name) and enter the</li> </ol>		ne 1b or 2b of the Financing S	tatement (Form UCC1) (use	exact, full nam
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 ASSIC	GNOR SECURED PARTY'S	NAME: Provide only one na	me (11a or 11b)	
TIA. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
	•	•		
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATEM	ENT:		
REAL ESTATE RECORDS (if applicable)	covers timber to be cut	t covers as-extracted of	ollateral 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):	16. Description of real estate: file in the office Oregon.	of the County	Clerk of Klama	th Count
		•		
		•		
·				
17. MISCELLANEOUS:				