2015-013759 Klamath County, Oregon

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12/23/2015 02:57:47 PM

Agricultural Lien

Bailee/Bailor

Licensee/Licensor

Fee: \$47.00

UCC FINANCING STATEMENT		12/23/2015 02:57:47 PM	Fee: \$4
OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)			
800-648-8026			
B. E-MAIL CONTACT AT FILER (optional) documents@dfsfin.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY STE 400 OMAHA, NE 68154			
	west full name; do not omit modify.	THE ABOVE SPACE IS FOR FILING OFFICE (
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use of name will not fit in line 1b, leave all of item 1 blank, check here and	exact, full name; do not omit, modify, of provide the Individual Debtor Inform	ation in Item 10 of the Financing Statement Addendum (Fo	m UCC1Ad)
1a, ORGANIZATION'S NAME			
OR CHONANG	EDST DEDSONAL NAME	ADDITIONAL NAME(\$)/INITIAL((S) SUFFIX
16, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	DREW	,
HEATON	GREGORY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS P.O. BOX 210	MERRILL	OR 97633	
2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	S) SUFFIX
25, INDIVIDUALS SURNAME	MELISSA	ANNE	`
HEATON c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
P.O. BOX 210	MERRILL	OR 97633	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY): Provide only	one Secured Party name (3a or 3b)	
3a. ORGANIZATION'S NAME			
DIVERSIFIED FINANCIAL SERVICES, LLC	Tribor ochoonel MARIE	ADDITIONAL NAME(S)/MITIAL(S) SUFFIX
B 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	7,0011101010101111111111111111111111111	
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
to the state of th	OMAHA	NE 68154	
COLLATERAL: This financing statement covers the following collaters	f:		
NEW 2015 MODEL 7000 VALLEY 1284' 7-TOWE			
NEW 2013 MODEL 7000 VALUE 1 1204 1 1011-1			
CORNELL 5RB-60HP PUMP AND MOTOR, KERNS	1200 GPM FILTER		
2080 12" PVC PIPE, 2200; #4 ALUMINUM WIRE, 3	360 12" PVC PIPE MISCE	LLANEOUS PIPE AND FITTINGS	
		nstructions) being administered by a Decedent's Pe	ersonal Representative
. Check only it appreads and enter state	a Trust (see UCC1Ad, item 17 and I	6b. Check only if applicable and check	only one box:
a. Check only if applicable and check only one box:			-UCC Filing

Consignee/Consignor

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

0190845-001 FIXTURE FILING / REAL ESTATE

A Debtor is a Transmitting Utility

Seller/Buyer

UCC FINANCING STATEMENT ADDENDUM

SUPPIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAME(S)/INTITAL(S) DREW 10. DEBTOR'S NAME: Provide (10e or 10e) only gog additional Debtor name or Oabtor manne that did not fill in time to or 20 of the Phanning Statement (Form UCC1) (use exact, full name do not omit, modify, or addressine any part of the Debtor's name) and entire the making address in time 10e. 10. DEBTOR'S NAME: Provide (10e or 10e) only gog additional Debtor name or Oabtor manne that did not fill in time to or 20 of the Phanning Statement (Form UCC1) (use exact, full name do not omit, modify, or addressine any part of the Debtor's name) and entire the making address in time 10e. 10e. DROANNATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INTITAL(S) 11. ADDITIONAL SECURED PARTY'S NAME of POSTAL CODE 12. ADDITIONAL SECURED PARTY'S NAME of POSTAL CODE 13. ADDITIONAL SPACE FOR ITEM 4 (Colleteral): 14. This FINANCHO STATEMENT is 10 to 8 float (for record) (for recorded) in the Postal CODE of P	9. NAME OF FIRST DEBTOR; Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left	blank					
HEATON FIRST PERSONAL NAME GREGORY ADDITIONAL MARE(S)/INITIAL(S) DREW THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL MARE(S)/INITIAL(S) DREW THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR FILING								
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INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)ANTIAL(S) INDIVIDUAL'S ADDITIONAL NAME(S)ANTIAL(S) IT ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) IT Its, ORGANIZATION'S NAME IT ITS, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANTIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY THE POST	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	or Debtor name tr mailing address i	n line 10c	line 10 or 20 of the	rinanong s	Statement (Form 0001) (000		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATIONS NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 3. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 16 (if Deblor does not have a record interest): SREGORY DREW HEATON SUFFIX STATE POSTAL CODE COUNTRY 14. This FINANCING STATEMENT COVERS as-extracted collateral X is filed as a fixture filing 16. Description of real estate: SW1/4 SEC 33 T40S R10E, TAX LOT 601, KLAMATH COUNTY, OR	OR 10b. INDIVIDUAL'S SURNAME							
COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) Int. ORGANIZATIONS NAME							SUFFIX	
T18. ORGANIZATIONS NAME T19. INDIVIDUAL'S SURNAME T10. INDIVIDUAL'S SURNAME T10. INDIVIDUAL'S SURNAME T110. IN		CITY			STATE	POSTAL CODE	COUNTRY	
This Financing Statement is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY 14. This Financing Statement: Owers timber to be cut	TI. ADDITIONAL GEOGRAP	OR SECURI	ED PARTY	S NAME: Provide	only one n	ame (11a or 11b)		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. X This FINANCING STATEMENT is to be filed (for record) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): SREGORY DREW HEATON 14. This FINANCING STATEMENT: Overs timber to be cut covers as-extracted collateral in item 16 (if Debtor does not have a record interest): SW1/4 SEC 33 T40S R10E, TAX LOT 601, KLAMATH COUNTY, OR		FIRST PERSO	FIRST PERSONAL NAME ADD		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
13. X 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 X is filed as a fixture filing covers and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): SREGORY DREW HEATON 14. This FINANCING STATEMENT: Covers timber to be cut Covers as-extracted collateral X is filed as a fixture filing covers and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): SREGORY DREW HEATON SW1/4 SEC 33 T40S R10E, TAX LOT 601, KLAMATH COUNTY, OR	1c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
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(if Debtor does not have a record interest): SREGORY DREW HEATON SW1/4 SEC 33 T40S R10E, TAX LOT 601, KLAMATH COUNTY, OR	REAL ESTATE RECORDS (if applicable)	cover	covers timber to be cut covers as-extracted collateral X is filed as a fixture filing					
	(if Debtor does not have a record interest):							
	REGORY DREW HEATON MELISSA HEATON	SW1/4 S	SEC 33 1403	KIUE, IAX E	3, 001,			
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