
2016-000395

Klamath County, Oregon

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Fee: \$42.00

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)				
SUN WEST MORTGAGE COMPANY, INC. 18000 STUDEBAKER ROAD, SUITE 200 CERRITOS, CALIFORNIA 90703				
Loan Number: 115323038900	THE ABOVE SPACE	IS FOR FILING OFF	ice use only	
DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact name); if any part of the Individual Debtor's name will not fit in line 1b, I information in item 10 of the Financing Statement Addendum (Form UCC-1a, ORGANIZATION'S NAME)	, full name; do not omit, modify, eave all of item 1 blank, check i (Ad)	or abbreviate ar here	ny part of the Debtor' vide the Individual De	s ebtor
1b. INDIVIDUAL'S SURNAME WIGGINS	FIRST PERSONAL NAME CORRINE M.	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 9780 SIMPSON CANYON RD	CUTY KLAMATH FALLS	STATE OR	POSTAL CODE 97601-9364	COUNTRY
DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact name); if any part of the Individual Debtor's name will not fit in line 2b, Information in item 10 of the Financing Statement Addendum (Form UCC-2a. ORGANIZATION'S NAME	eave all of item 2 blank, check I	, or abbreviate ar here ☐ and pro	ny part of the Debtor vide the Individual De	s ebtor
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFEX
2c. mailing address 9780 SIMPSON CANYON RD	ciiy KLAMATH FALLS	STATE OR	POSTAL CODE 97601-9364	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only one	Secured Party n	ame (3a or 3b)	
38. ORGANIZATION'S NAME SUN WEST MORTGAGE COMPANY, INC.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 18000 STUDEBAKER ROAD, SUITE 200	CERRITOS	STATE CA	POSTAL CODE 90703	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: LOT 3, TRACT 1310, PLUM VALLEY II THEREOF ON FILE IN THE OFFICE OF A.P.N.: R878673	, ACCORDING TO THE CLERK OF KI	THE OFF AMATH C	ICIAL PLAT OUNTY, ORE	GON.
5. Check only if applicable and check only one box: Coliateral [5] held in a Trust (s. Representative	see UCC1Ad, Item 17 and Instructions) 🔲 being administe	ered by a Decedent's Pe	rsonal
Ga. Check <u>only</u> if applicable and check <u>only</u> one box: Dublic-Finance Transaction Manufactured-Home Transaction A Debtor is a	Transmitting Utility		applicable end check on en Non-UCC Filing	ly one box:
7 ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor Consignee/Consignee	gnor 🦳 Seller/Buyer 🗍 Baileo/Baild	or Licensee/Lice	ensor	
Lender NMLS ID: 412564 Loan Officer Name: JULIAN CHARLES KAPPELMAN Loan Officer NMLS ID: 728738				
FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UC (REV. 04/20/11)	CC1) ge 1 of 2		DocMagic www.docm	