

Returned at Counter
Justin Grant

2016-003564
Klamath County, Oregon



00184773201600035640050058

04/07/2016 12:15:23 PM

Fee: \$62.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]

Rowena A. Chase (541) 883-6924

B. E-MAIL CONTACT AT FILER [optional]

rowena.chase@or.usda.gov

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA/Farm Service Agency
2316 S 6th Street
Suite C
Klamath Falls, OR 97601

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

GRANT

FIRST PERSONAL NAME

JUSTIN

ADDITIONAL NAME(S)/INITIAL(S)

DANIEL

SUFFIX

1c. MAILING ADDRESS

PO BOX 195

CITY

MIDLAND

STATE

OR

POSTAL CODE

97634

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 1 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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

2316 S 6th Street, Suite C

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

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

29 5"x 40' Used O-Ring Pipe w/clamp-Bushing
30 5"x 76" Used Western Wheel
33 3/4 Levelers complete
12 #30 W T Sprinklers 3/16 Nozzle
1 O-Ring Centerfeed Tee
25 Western O-Rings
1 Western 30"x 5"
Misc. clamps, sprinklers, end plugs and opener

All proceeds, products, accessions, and security acquired hereafter;
Disposition of such collateral is not hereby authorized

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

6. Check only if applicable and check only one box:

☐ Public-Finance Transaction

☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor

☐ Consignee/Consignor

☐ Seller/Buyer

☐ Bailee/Bailor

☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

48

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

GRANT

FIRST PERSONAL NAME

JUSTIN

ADDITIONAL NAME(S)/INITIAL(S)

DANIEL

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

CITY

STATE

POSTAL CODE

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)

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 above-described real estate described in item 16 (if Debtor does not have a record interest):

Dino Rossetto , etal
4806 Onyx
Klamath Falls, OR 97603

16. Description of real estate:

TWP 39 RNGE 9, BLOCK SEC 31, TRACT POR
N2NW4 LY SE OF HWY,

17. MISCELLANEOUS:

FSA-2300-2 OR
(08-25-15)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

Position 1

SEVERANCE AGREEMENT*(See Page 3 for Non-Discrimination, Privacy Act, and Paperwork Reduction Act Statements)*

After recording, return this document to:

USDA, Farm Service Agency
2316 S 6th Street
Suite C
Klamath Falls, OR 97601

This Space Reserved For County Filing Officer Use Only

1. **WHEREAS**, (a) JUSTIN DANIEL GRANT and N/A,herein called Debtor (whether one or more) of (b) KLAMATH County, State of Oregon, has agreed to give the United States of America, acting through the Farm Service Agency, herein called the Government, a chattel security interest(s) in the following structures, works, and equipment, to wit (c):

30 5"x 76" Used Western Wheel

29 5"x 40' Used O-Ring Pipe w/clamp-Bushing

33 3/4 Levelers complete

12 #30 W T Sprinklers 3/16 Nozzle

1 O-Ring Centerfeed Tee

25 Western O-Rings

1 Western 30"x 5"

Misc. clamps, sprinklers, end plugs and opener

located or to be located on the following-described real estate situated in (d) KLAMATH County, State of Oregon (e):

TWP 39 RANGE 9, BLOCK SEC 31, TRACT POR N2NW4 LY SE OF HWY, ACRES 48.33

2. **NOW, THEREFORE**, for and in consideration of the making, insuring of, or servicing advantages with respect to a loan by the Government and/or of the installation of such structures, works, and equipment by Debtor, the parties hereto covenant and agree that, as to the Security interest(s) of the Government or its assigns and until Debtor is no longer indebted for any loans made or insured by the Government which are secured by a chattel security interest(s) therein, such structures, works, and equipment, shall be considered as personal property, shall be and remain severed from and shall not be or become fixtures or a part of the real estate described above even though attached thereto, and shall not be subject to any encumbrances heretofore or hereafter placed on said real estate by any of the parties hereto or there successors and assigns, except the chattel security interests of the Government.

Initials: JDDate: 4-7-16

3. IN WITNESS WHEREOF, the parties hereto have executed this instrument this 7th day of APRIL, 20 16.

Justin Grant
JUSTIN DANIEL GRANT
(Borrower)

Dino Rossetto
DINO ROSSETTO, ET AL
(Individual Lienholder) (Owner)*

(Borrower)

(Individual Lienholder) (Owner)*

UNITED STATES OF AMERICA
Farm Service Agency

(Name of Entity Lienholder) (Owner)*

By: Michael M. Mannigan
MICHAEL M. MANNIGAN

By: _____
(Signature of Duly Authorized Officer)

(Signature of FSA Representative)

FARM LOAN OFFICER

(Title of FSA Representative)

(Title of Authorized Officer)

* Delete "Lienholder" or "Owner"

ACKNOWLEDGEMENT FOR INDIVIDUALS

STATE OF OREGON

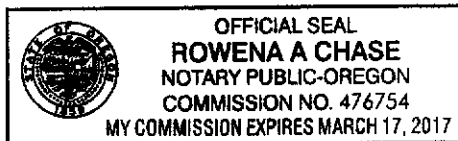
COUNTY OF KLAMATH

} ss. (Individuals)

This instrument was acknowledged before me on APRIL 7th, 20 16 by

JUSTIN DANIEL GRANT

(Name(s) of persons acknowledging)



NOTARY PUBLIC

State of Oregon

My Commission expires: 03/17/2017

ACKNOWLEDGEMENT FOR ENTITIES

STATE OF OREGON

COUNTY OF _____

} ss. (Corporation, Limited Liability Company, Partnership, Trust)

This instrument was acknowledged before me on _____, 20 _____ by

(Name of Entity Representative)

a

(Title, Position, or Office)

of _____
(Name of Entity)

NOTARY PUBLIC
State of Oregon

ACKNOWLEDGEMENT FOR GOVERNMENT

STATE OF OREGON

COUNTY OF KLAMATH

} ss. (Government)

This instrument was acknowledged before me on 7th of April, 2016 byMICHAEL M. MANNIGAN

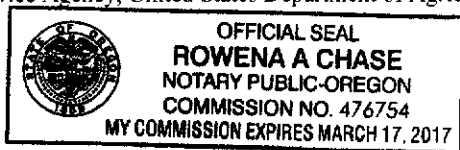
as

FARM LOAN OFFICER

(Name of Authorized Agency Official)

(Title)

of the Farm Service Agency, United States Department of Agriculture.



Rowena A. Chase
 NOTARY PUBLIC
 State of Oregon
 My Commission expires: 03/17/2017

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 *et. seq.*). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

Initials: JSDate: 4-7-16