2016-005834

Klamath County, Oregon

06/06/2016 10:06:21 AM

Fee: \$52.00

| A. NAME & PHONE OF CONTACT AT FILER (optional) Charles T. Sharbaugh, Esq. B. E-MAIL CONTACT AT FILER (optional) | | | |
|--|--------------------------------------|---|--------------------|
| csharbaugh@carltonfields.com | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| Carlton Fields | | | |
| 1201 West Peachtree Street | • | | lle. |
| Suite 3000 | | _ / / / | ъ. |
| Atlanta, GA 30309 | 1 l | - T. B / B | _ |
| | | HE ABOVE SPACE IS FOR FILING OFFICE USE | ONLY |
| | ull name; do not omit, modify, or ab | | ndividuai Debtor's |
| 1a. ORGANIZATION'S NAME SHASTA VIEWAID PROPCO LLC | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | |
| 330 North Wabash Avenue, Suite 3700 | Chicago | STATE POSTAL CODE IL 60611 | COUNTRY |
| 28. ORGANIZATION'S NAME OR 25. 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 SEI 38. ORGANIZATION'S NAME KeyBank National Association | CURED PARTY): Provide only one | Secured Party name (3a or 3b) | |
| 35. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | CITY | STATE POSTAL CODE OH 44144 | COUNTRY |
| 3c. MAILING ADDRESS 4910 Tiedeman Road, 3rd Floor 4. COLLATERAL: This financing statement covers the following collateral: | Brooklyn | | CATED |

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instru | uctions) being administered by a Decedent's Personal Representative | | |
|---|---|--|--|
| 6a. Check only if applicable and check only one box: | 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/Buyer Bailee/Bailor Licensee/Licensor | | |
| 8. OPTIONAL FILER REFERENCE DATA: KeyBank - Enlivant - Shasta Place [Klamath County, OR] | | | |
| | anational Association of Commercial Administrators (IACA) | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Staten because Individual Debtor name did not fit, check here | nent; if line 1b was left blank | | |
|---|---|---|------------------------------------|
| 98. ORGANIZATION'S NAME SHASTA VIEW AID PROPCO LLC | | | |
| OR Gb. INDIVIDUAL'S SURNAME | | | |
| | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | THE ABOVE SPACE IS FOR | FILING OFFICE USE ONLY |
| DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter | | line 1b or 2b of the Financing Statement | (Form UCC1) (use exact, full name; |
| 10a. ORGANIZATION'S NAME | | / | |
| OR 10b. INDIVIDUAL'S SURNAME | | ~// | _ |
| INDIVIDUAL'S FIRST PERSONAL NAME | 4 | 4.0 | , |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | . (| | SUFFIX |
| 10c. MAILING ADDRESS | СІТҮ | STATE POSTA | L CODE COUNTRY |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASS | SIGNOR SECURED PARTY | S NAME: Provide only one name (11a | or 11b) |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAM | IE(S)/INITIAL(S) SUFFIX |
| 11c. MAILING ADDRESS | CITY | STATE POSTA | L CODE COUNTRY |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | <u> </u> | 30 |) |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable) | In the 14. This FINANCING STATE | | is filed as a fixture filing |
| 15. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest): | | | |
| | See Exhibit A attac description of the l | ched hereto and made a pa Real Property. | rt hereof for a |
| | | | |
| 17. MISCELLANEOUS: KeyBank - Enlivant - Shasta Place | | [Klamath County, OR] | |
| FILING OFFICE COPY — UCC FINANCING STATEMENT ADD | Ir ENDUM (Form UCC1Ad) (Rev | nternational Association of Comm 04/20/11) | mercial Administrators (IACA) |

EXHIBIT A

<u>Legal Description</u> (SHASTA PLACE, OREGON)

Real property in the County of Klamath, State of Oregon, described as follows:

A TRACT OF LAND SITUATED IN THE N1/2 SW1/4 SE1/4 SE1/4 OF SECTION 28, TOWNSHIP 38 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF THE SE1/4 SE1/4 OF SAID SECTION 28; THENCE NORTH 00° 49′ 52″ EAST 333.61 FEET TO THE NORTHWEST CORNER OF THE SW1/4 SW1/4 SE1/4 SE1/4 OF SAID SECTION 28; THENCE SOUTH 89° 28′ 52″ EAST 30.00 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING SOUTH 89° 28′ 52″ EAST 301.12 FEET TO THE NORTHEAST CORNER OF SAID SW1/4 SW/4 SE1/4 SE1/4; THENCE NORTH 00° 53′ 52″ EAST 46.50 FEET TO THE NORTHWEST CORNER OF THE HIGHLAND CARE CENTER TRACT; THENCE SOUTH 89° 30′ 00″ EAST, ALONG THE NORTH LINE OF THE HIGHLAND CARE CENTER TRACT; 331.17 FEET TO THE EAST LINE OF THE SW1/4 SE1/4 OF SAID SECTION 28; THENCE NORTH 00° 57′ 53″ EAST 286.78 FEET TO THE NORTHEAST CORNER OF SAID SW1/4 SE1/4 SE1/4; THENCE NORTH 89° 27′ 44″ WEST 633.01 FEET, MORE OR LESS, TO A POINT THAT IS SOUTH 89° 27′ 44″ EAST 30.00 FEET FROM THE NORTHWEST CORNER OF SAID SW1/4 SE1/4; THENCE SOUTH 00° 49′ 52″ WEST 333.59 FEET TO THE TRUE POINT OF BEGINNING, WITH BEARINGS BASED ON THE SOUTH LINE OF SAID SECTION 28 AS BEING SOUTH 89° 30′ 00″ EAST.