

2018-002042

Klamath County, Oregon



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02/21/2018 01:42:17 PM

Fee: \$47.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

Rowena A. Chase (541) 883-6924 Ext. 3496

B. E-MAIL CONTACT AT FILER [optional]

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

SAY

FIRST PERSONAL NAME

KENNETH

ADDITIONAL NAME(S)/INITIAL(S)

JAMES

SUFFIX

1c. MAILING ADDRESS

4660 Old Midland Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

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 2 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

SAY

FIRST PERSONAL NAME

KIMBERLY

ADDITIONAL NAME(S)/INITIAL(S)

DEE

SUFFIX

2c. MAILING ADDRESS

4660 Old Midland Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

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 thru 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:

Included but not limited to:

-Pump and motor, NS: 11SQF-2

-Solar panel and CU101 controller, SN: F17-0125V0040S

Plus any additions or replacements thereto.

b. Proceeds of collateral are also covered.

c. 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

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

SAY

FIRST PERSONAL NAME

KENNETH

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

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):

KENNETH JAMES SAY
KIMBERLY DEE SAY
4660 Old Midland Road
Klamath Falls, OR 97603

16. Description of real estate:

Parcel 1:
In Township 34 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon: Section 9:
NE 1/4 NE 1/4
Section 10: NW 1/4 NW 1/4
In Township 34 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon: Section 9:
SE 1/4 NE 1/4
Section 10: SW 1/4 NW 1/4; W 1/2 SE 1/4 NW 1/4; W 1/2 E 1/2 SW 1/4
Section 15: E 1/2 NW 1/4 NW 1/4; W 1/2 NE 1/4 NW 1/4; SE 1/4 NW 1/4; W 1/2 SW 1/4 NE 1/4

Construction is scheduled for fixtures and improvements but not limited to: Fencing, well drilling including materials and supplies, solar pump/panels, switch box generator, pipes and any additional materials required to complete the proposed project.

17. MISCELLANEOUS: