UCC FINANCING STATEMENT				Fee: \$87.00	
FOLLOW INSTRUCTIONS		_			
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address	)				
1679 38257 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)	(use exact full name: do not omit			OR FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debt				
1a. ORGANIZATION'S NAME			71		
1b. INDIVIDUAL'S SURNAME Thomas	FIRST PERSONA  Vance	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 6528 Climax Ave	CITY Klamath Fa	alls	STATE OR	POSTAL CODE 97603	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here	) (use exact, full name; do not omit, and provide the Individual Debt				
2a. ORGANIZATION'S NAME		V .		_	
OR 2b. INDIVIDUAL'S SURNAME Thomas	FIRST PERSONA Susan	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 6528 Climax Ave	сіту Klamath Fa	alls	STATE	POSTAL CODE 97603	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Pro	ovide only <u>one</u> Secured Part	ty name (3a or 3b	))	
3a. ORGANIZATION'S NAME 1st Security Bank of	Washington				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000	Lynnwood	V	STATE	POSTAL CODE 98046	COUNTRY
4. COLLATERAL: This financing statement covers the following of Bath	collateral:	1			
APN: R504449		/			
Lot 4 in Block 4 of Moyina Manor, accordi	ing to the official Plat th	nereof on file in th	ne Office o	f the County Clerk	of Klamatl
County, Oregon					
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, item	17 and Instructions)	being administe	ered by a Decedent's Person	al Representative
6a. Check only if applicable and check only one box:			6b. Check only	if applicable and check <u>only</u>	one box:

Consignee/Consignor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: :5151466640 THOMAS

Licensee/Licensor

Bailee/Bailor

Seller/Buyer

2019-008802

08/05/2019 08:13:01 AM

Klamath County, Oregon

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

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 ON INDIVIDUAL'S SUBMAME			
90. INDIVIDUAL S SURNAIVIE		``	
Thomas  FIRST PERSONAL NAME		,	
Vance			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	. 0	
0. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or			R FILING OFFICE USE ONLY  nt (Form UCC1) (use exact, full name
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address in line 10c		
10a. ORGANIZATION'S NAME	//		
10b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME	XZ		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		•	SUFFIX
0c. MAILING ADDRESS	CITY	STATE POST	AL CODE COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURED PARTY	S NAME: Provide only <u>one</u> name (11	a or 11b)
11a. ORGANIZATION'S NAME			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	AME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE POST	AL CODE COUNTRY
2. 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)	14. This FINANCING STATE		
5. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be 16. Description of real estate		al 🔽 is filed as a fixture filing
(if Debtor does not have a record interest):			