

2019-009629

Klamath County, Oregon

08/21/2019 03:11:01 PM

Fee: \$92.00

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)

KLAMATH FSA
1945 MAIN STREET
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 HUMPHREY	FIRST PERSONAL NAME DANIEL	ADDITIONAL NAME(S)/INITIAL(S) RAY	SUFFIX
1c. MAILING ADDRESS PO BOX 453	CITY MALIN	STATE OR	POSTAL CODE 97632
			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 HUMPHREY	FIRST PERSONAL NAME MICHELE	ADDITIONAL NAME(S)/INITIAL(S) NICOLE	SUFFIX
3c. MAILING ADDRESS PO BOX 453	CITY MALIN	STATE OR	POSTAL CODE 97632
			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 THROUGH THE UNITED STATES DEPARTMENT OF AGRICULTURE FARM SERVICE AGENCY

OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1945 MAIN STREET	CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97601
			COUNTRY USA

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

- a. All crops, livestock, farm products, equipment, certificates of title, goods, supplies, inventory, accounts, deposit accounts, supporting obligations, contract rights, payment intangibles, general intangibles, investment property, gross receipts, equities, revolving funds, crop insurance indemnity payments, and all entitlements, benefits, and payments from all State and Federal farm program.
- b. All irrigation systems and equipment including but not limited to wheel lines, hand lines, pivots, pipe, valves, pumps and other appurtenances, including additions, substitutions and replacements thereof; and
- c. 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

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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

HUMPHREY

FIRST PERSONAL NAME

DANIEL

ADDITIONAL NAME(S)/INITIAL(S)

RAY

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

HUMPHREY

INDIVIDUAL'S FIRST PERSONAL NAME

MICHELE

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

NICOLE

SUFFIX

10c. MAILING ADDRESS

PO BOX 453

CITY

MALIN

STATE

OR

POSTAL CODE

97632

COUNTRY

USA

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):

16. Description of real estate:

SEE ATTACHED EXHIBIT "A"

17. MISCELLANEOUS:

EXHIBIT "A"
LEGAL DESCRIPTION

NW 1/4 NE 1/4 of Section 8, Township 41 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

Excepting therefrom all that portion which lies within the USBR "D" Canal.

Also excepting therefrom all that portion lying within Micka Co. Rd. 1078