

2019-011494

Klamath County, Oregon



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10/02/2019 03:16:46 PM

Fee: \$92.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14060 - FARM CREDIT <div style="display: flex; justify-content: space-between;"> <div> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </div> <div> 71897638 OROR FIXTURE </div> </div>	

File with: Klamath, OR

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 Hamel		FIRST PERSONAL NAME Howard	ADDITIONAL NAME(S)/INITIAL(S) Andrew	SUFFIX
1c. MAILING ADDRESS 18598 Highway 140 E		CITY Dairy	STATE OR	POSTAL CODE 97625	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		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 FARM CREDIT SERVICES OF AMERICA, PCA					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO BOX 2409		CITY Omaha	STATE NE	POSTAL CODE 68103	COUNTRY USA

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

Valley 7000 Center Pivot 11356615
Valley 7000 Center Pivot 11356616
Valley 7000 Center Pivot 11356618
Valley 7000 Center Pivot 11356621

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

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

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. **ALTERNATIVE DESIGNATION (if applicable):** ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. **OPTIONAL FILER REFERENCE DATA:**

71897638

267

3208390388934

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 ☐

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME Hamel	
	FIRST PERSONAL NAME Howard	
	ADDITIONAL NAME(S) INITIAL(S) Andrew	SUFFIX

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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

OR	10a. ORGANIZATION'S NAME				
	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)

OR	11a. ORGANIZATION'S NAME J W Kerns Inc				
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS 4360 Hwy 39		CITY Klamath Falls	STATE OR	POSTAL CODE 97603	COUNTRY USA

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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Howard Andrew Hamel

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

Valley 7000 Center Pivot 11356615
POR GOVT LT 2,3,4 & S2 S2N2(MLP37-85 PP3)
5-39-11 1/2
Klamath County, OR
Real Estate Owner: Howard Andrew Hamel
Parcel 615980 & MTL 3911-V0000-02000

[See Exhibit for Real Estate]

17. MISCELLANEOUS: 71897638-OR-35 14060 - FARM CREDIT SERVICES FARM CREDIT SERVICES OF File with: Klamath, OR 267 3208390388934

Debtor: Hamel, Howard, Andrew

Exhibit for Real Estate

16. Description of real estate: Continued

Valley 7000 Center Pivot 11356616
LOT-POR. (MLP 37-85 PP3) 6 -39-11 1/2
Klamath County, OR
Real Estate Owner: Howard Andrew Hamel
Parcel 616024 & MTL 3911-V0000-02300

Valley 7000 Center Pivot 11356618
LOT-POR. (MLP 37-85 PP3) 6 -39-11 1/2
Klamath County, OR
Real Estate Owner: Howard Andrew Hamel
Parcel 616024 & MTL 3911-V0000-02300

Valley 7000 Center Pivot 11356621
LOT-POR. (MLP 37-85 PP3) 6 -39-11 1/2
Klamath County, OR
Real Estate Owner: Howard Andrew Hamel
Parcel 616024 & MTL 3911-V0000-02300