

2019-012889

Klamath County, Oregon

11/04/2019 08:21:01 AM

Fee: \$87.00

UCC FINANCING STATEMENT

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)

1720 50485  
CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

Filed In: Oregon  
(Klamath)

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 Jackman	FIRST PERSONAL NAME Julia	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX
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1c. MAILING ADDRESS 934 Pacific Ter

CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY USA
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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 Jackman	FIRST PERSONAL NAME Robert	ADDITIONAL NAME(S)/INITIAL(S) P	SUFFIX
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2c. MAILING ADDRESS 934 Pacific Ter

CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY USA
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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  
Community 1st Credit Union

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS 929 Eastside Street SE

CITY Olympia	STATE WA	POSTAL CODE 98501	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:  
Perfection Purchase Money Security Interest in Fixture. Complete 5.8kW Solar system including 19 Trina 305-Watt energy modules 1 Solar Edge inverter and all equipment and components installed at 934 Pacific Ter Klamath Falls, OR 97601 Parcel:217269 MTL:3809-028BC-07400 Map Coord:38S-9E-28-NW-SW Situs Address:934 PACIFIC TER KLAMATH FALLS, OR 97601 Abbreviated Legal Address:HOT SPRINGS BLK-36 LOT-2 S28,T38S,R9E

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1720 50485

# 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	
Jackman	
FIRST PERSONAL NAME	
Julia	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
C	

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 real estate described in item 16 (if Debtor does not have a record interest):  
Julia C Jackman  
Robert P Jackman  
934 Pacific Ter  
Klamath Falls, OR 97601

16. Description of real estate:  
Perfection Purchase Money Security Interest in Fixture. Complete 5.8kW Solar system including 19 Trina 305-Watt energy modules 1 Solar Edge inverter and all equipment and components installed at 934 Pacific Ter Klamath Falls, OR 97601 Parcel:217269 MTL:3809-028BC-07400 Map Coord:38S-9E-28-NW-SW Situs Address:934 PACIFIC TER KLAMATH FALLS, OR 97601 Abbreviated Legal Address:HOT SPRINGS BLK-36 LOT-2 S28,T38S,R9E

17. MISCELLANEOUS: