

**2020-003148****Klamath County, Oregon****03/13/2020 09:53:58 AM****Fee: \$92.00****UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>CSC 1-800-858-5294</b>	
B. E-MAIL CONTACT AT FILER (optional) <b>SPRFiling@cscglobal.com</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div><b>1789 85752</b></div> <div><b>CSC</b></div> <div><b>801 Adlai Stevenson Drive</b></div> <div><b>Springfield, IL 62703</b></div> <div>Filed In: Oregon (Klamath)</div>	

**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 <b>Moerbeek</b>	FIRST PERSONAL NAME <b>Michael</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>J</b>	SUFFIX
1c. MAILING ADDRESS	<b>4249 Avalon Pl</b>	CITY <b>Klamath Falls</b>	STATE <b>OR</b>	POSTAL CODE <b>97603</b>
			COUNTRY <b>USA</b>	

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 <b>Moerbeek</b>	FIRST PERSONAL NAME <b>Kendra</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>L</b>	SUFFIX
2c. MAILING ADDRESS	<b>4249 Avalon Pl</b>	CITY <b>Klamath Falls</b>	STATE <b>OR</b>	POSTAL CODE <b>97603</b>
			COUNTRY <b>USA</b>	

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 <b>Community 1st Credit Union</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	<b>929 Eastside Street SE</b>	CITY <b>Olympia</b>	STATE <b>WA</b>	POSTAL CODE <b>98501</b>
			COUNTRY <b>USA</b>	

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

**Perfection Purchase Money Security Interest In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 4249 Avalon Pl Klamath Falls, OR 97603 Parcel:R544682 Alt Parcel:3909E10CD08500 Situs Address:4249 Avalon Pl, Klamath Falls, OR 97603 Abbreviated Legal Description:Real Property located at 4249 Avalon, Klamath Falls, OR, more particularly described as Lot 126, First Addition to Casitas Addition of Klamath County, Oregon. Map Coord:39S-9E-10-SW-SE For Complete Legal Description refer to Sale Instrument #2016-000417 Date:01/15/2016**

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:

**1789 85752**

## 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

Moerbeek

FIRST PERSONAL NAME

Michael

ADDITIONAL NAME(S)/INITIAL(S)

J

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

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):

Michael J Moerbeek

Kendra L Moerbeek

4249 Avalon Pl

Klamath Falls, OR 97603

16. Description of real estate:

Perfection Purchase Money Security Interest In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 4249 Avalon Pl Klamath Falls, OR 97603 Parcel:R544682 Alt Parcel:3909E10CD08500 Situs Address:4249 Avalon Pl, Klamath Falls, OR 97603 Abbreviated Legal Description:Real Property located at 4249 Avalon, Klamath Falls, OR, more particularly described as Lot 126, First Addition to Casitas Addition of Klamath County, Oregon. Map Coord:39S-9E-10-SW-SE For Complete Legal Description refer to

17. MISCELLANEOUS:

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OR 9b. INDIVIDUAL'S SURNAME

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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

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16. Description of real estate:

Sale Instrument #2016-000417 Date:01/15/2016

17. MISCELLANEOUS: