| UCC FINANCING STATEMENT | | | Fee: \$92.00 | |
|---|--|---|---|----------------------------|
| 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) | | | | |
| 1949 58930 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Oregon (Klamath) | | | |
| | · <u> </u> | THE ABOVE SPACE IS | FOR FILING OFFICE USE | ONLY |
| 1a. ORGANIZATION'S NAME | xact, full name; do not omit, modify, c provide the Individual Debtor informa | | | |
| 1b. INDIVIDUAL'S SURNAME Pascascio | FIRST PERSONAL NAME Dellone | ADD M | ITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 4604 Sumac Ave | сіту Klamath Falls | STA OF | | COUNTRY |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use each | act, full name; do not omit, modify, c | r abbreviate any part of the De | ebtor's name); if any part of the | ndividual Debtor's |
| | provide the Individual Debtor informa | | | |
| 2a. ORGANIZATION'S NAME | | | | |
| OR 2b, INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADD | ITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20. INDIVIDUAL 3 GOTTVAIVE | TINGT ENGOVALIVANIE | ADD | THORAL NAME (O) MITTAL(O) | SOTTIX |
| 2c. MAILING ADDRESS | CITY | STA | TE POSTAL CODE | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO | DR SECURED PARTY): Provide only | one Secured Party name (3a | or 3b) | |
| 3a. ORGANIZATION'S NAME Community 1st Credit Uni | on | | , | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADD | ITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS PO Box 870 | CITY DuPont | STA W | | COUNTRY |
| 4. COLLATERAL: This financing statement covers the following collateral Perfection: Purchase Money Security Interest: Solar system and all of its components installe Parcel: 3909E14BA06800 Situs Address: 4604 Description: LOT 1 IN BLOCK 4 OF TRACT 10 office of the County Clerk, Klamath County, Or #2014-000278 Date: 01/13/2014 | d at 4604 Sumac Ave k · Sumac Ave, Klamath)08, BANYON PARK, a | (lamath Falls, OR 9 Falls, OR 97603-83 ccording to the offi | 97603 Parcel: R5712 319 Abbreviated Leg cial plat thereof on fi | 250 Alt al le in the |

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08/10/2020 08:06:07 AM

being administered by a Decedent's Personal Representative

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

Klamath County, Oregon

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

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

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS | | | | | | |
|--|---|------------------------|--------------------|---------------------------|--------------------|--|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here ☐ | f line 1b was left blank | | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | |
| | | | | | | |
| 20 | | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | | | | |
| Pascascio | | | | | | |
| FIRST PERSONAL NAME Dellone | | | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | Isuffix | | | | | |
| M | 0011111 | THE ABOVE | CDACE | 10 FOR FILING OFFICE | UCE ONLY | |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or | r Debtor name that did not fit in | | | S FOR FILING OFFICE | | |
| do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n | | Time 15 of 25 of the 1 | maneing c | natement (Form 6001) (use | cxact, full flame, | |
| 10a. ORGANIZATION'S NAME | | | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX | |
| INDIVIDUAL & ADDITIONAL NAME(S)/INTITAL(S) | | | | | SUFFIX | |
| 10c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY | |
| | | | | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN | OR SECURED PARTY | 'S NAME: Provide o | only <u>one</u> na | ame (11a or 11b) | | |
| 11a. ORGANIZATION'S NAME | | | | | | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX | |
| TID. INDIVIDUAL 3 SURIVAIVIE | FIRST FERSONAL NAME | | ADDITIO | NAL NAME(S) INTTAL(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 | 14. This FINANCING STATE | MENT: | | | | |
| REAL ESTATE RECORDS (if applicable) | covers timber to be cut covers as-extracted collateral is filed as a fixture filing | | | | 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): | 16. Description of real estate | | ., | | AU 0 1 | |
| Dellone M Pascascio | Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system | | | | | |
| 4604 Sumac Ave | | | | | | |
| Klamath Falls, OR 97603 | and all of its components installed at 4604 Sumac Ave Klamath Falls, OR 97603 Parcel: R571250 Alt Parcel: 3909E14BA06800 | | | | | |
| | Situs Address: 4604 Sumac Ave, Klamath Falls, OR 97603-8319 | | | | | |
| | Abbreviated Legal Description: LOT 1 IN BLOCK 4 OF TRACT | | | | | |
| | 1008, BANYON PARK, according to the official plat thereof on file | | | | | |
| | in the office of the | | | | | |
| | Complete Legal D | escription refe | er to Sa | aie instrument #20 | J14-00027 | |
| | | | | | | |
| 17. MISCELLANEOUS: | | | | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| | cing Statement; if line 1b was left blank | | | |
|---|---|--|-----------------------|-------------|
| 9a. ORGANIZATION'S NAME | | | | |
| R OL INDIVIDUALIS SUBNAME | | | | |
| 9b. INDIVIDUAL'S SURNAME Pascascio | | | | |
| FIRST PERSONAL NAME | | | | |
| Dellone | Tours no | | | |
| ADDITIONAL NAME(S)/INITIAL(S) M | SUFFIX | THE ABOVE CRACE | IS FOR FILING OFFIC | SELICE ONLY |
| DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name. | | THE ABOVE SPACE In the 1b or 2b of the Financing S | | |
| 10a. ORGANIZATION'S NAME | , and site it it is it is it is a second in the second in | | | |
| R 10b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| c. MAILING ADDRESS | СІТУ | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| . ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME | ASSIGNOR SECURED PARTY'S | NAME: Provide only one na | ame (11a or 11b) | |
| | | | | |
| A A A A A A A A A A A A A A A A A A A | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S |) SUFFIX |
| 11b. INDIVIDUAL'S SURNAME | | | , , , | |
| 116. INDIVIDUAL'S SURNAME | CITY | STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS | | | | |
| :. MAILING ADDRESS | | | | |
| c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): | CITY | STATE | | |
| c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): | CITY | STATE STATE | POSTAL CODE | |
| E. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) | recorded) in the 14. This FINANCING STATEM Covers timber to be cu | STATE STATE | POSTAL CODE | COUNTRY |
| . MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral): . IN This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real estate described. | recorded) in the 14. This FINANCING STATEM covers timber to be cued in item 16 16. Description of real estate: | STATE STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe | recorded) in the 14. This FINANCING STATEM covers timber to be cued in item 16 16. Description of real estate: | STATE STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described. | recorded) in the 14. This FINANCING STATEM covers timber to be cued in item 16 16. Description of real estate: | STATE STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe | recorded) in the 14. This FINANCING STATEM covers timber to be cued in item 16 16. Description of real estate: | STATE STATE | POSTAL CODE | COUNTRY |