

2021-001639
 Klamath County, Oregon
 02/04/2021 11:39:01 AM
 Fee: \$92.00

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)

2054 95262
 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 Sha	FIRST PERSONAL NAME Heather	ADDITIONAL NAME(S)/INITIAL(S) N	SUFFIX
1c. MAILING ADDRESS 10739 Kincheloe Ave		CITY Klamath Falls	STATE OR	POSTAL CODE 97603
			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 Sha	FIRST PERSONAL NAME Brandon	ADDITIONAL NAME(S)/INITIAL(S) P N	SUFFIX
2c. MAILING ADDRESS 10739 Kincheloe Ave		CITY Klamath Falls	STATE OR	POSTAL CODE 97603
			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 Community 1st Credit Union				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870		CITY DuPont	STATE WA	POSTAL CODE 98327
			COUNTRY USA	

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 10739 Kincheloe Ave Klamath Falls, OR 97603 Parcel: R883671 Alt Parcel: 3909E3490109 Situs Address: 10739 Kincheloe Ave, Klamath Falls, OR 97603 Abbreviated Legal Description: UNIT 10739, (KINCHELOE AVENUE), TRACT 1336-FALCON HEIGHTS CONDOMINIUMS-STAGE 1 ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON. For Complete Legal Description refer to Sale Instrument #M05-67033 Date: 10/20/2005

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:

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

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:

2054 95262

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 Sha	
FIRST PERSONAL NAME Heather	
ADDITIONAL NAME(S)/INITIAL(S) N	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):

Heather N Sha
Brandon P N Sha
10739 Kincheloe Ave
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 10739 Kincheloe Ave Klamath Falls, OR 97603 Parcel: R883671 Alt Parcel: 3909E3490109 Situs Address: 10739 Kincheloe Ave, Klamath Falls, OR 97603
Abbreviated Legal Description: UNIT 10739, (KINCHELOE AVENUE), TRACT 1336-FALCON HEIGHTS CONDOMINIUMS-STAGE 1 ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

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FIRST PERSONAL NAME Heather	
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INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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OR				
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16. Description of real estate:

CLERK OF KLAMATH COUNTY, OREGON. For Complete Legal Description refer to Sale Instrument #M05-67033 Date: 10/20/2005

17. MISCELLANEOUS: