[redacted]

2021-006521
Klamath County, Oregon

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04/26/2021 03:19:31 PM

Fee: $82.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Funding Group 206.298.9394 ext 8903

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Recording requested by and return to:
Salal Credit Union
PO Box 75029
Seattle, WA 98175-0029

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
VALDEZ	**DORIS**	**L**	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4303 ALTAMONT DR	**KLAMATH FALLS**	**OR**	**97603-7805**	**USA**

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
VALDEZ	**EDWARD**		

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4303 ALTAMONT DR	**KLAMATH FALLS**	**OR**	**97603-7805**	**USA**

2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
Salal Credit Union

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO Box 75029	**Seattle**	**WA**	**98175-0029**	**USA**

4. This FINANCING STATEMENT covers the following collateral:

Remodeling
Bathroom remodel on second story, new tub 32x54, installing new Bathwrap, and new ceiling panel.

Parcel Number: R-3909-010DC-03700-000; ALT APN: R546519

Legal Description: LOT 17 OF CASITAS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.

Klamath
4303 ALTAMONT DR, KLAMATH FALLS, OR 97603-7805
Fixture Filing

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA
0000237268