UCC FINANCING STATEMENT				06/07/2021 08:08:01 A Fee: \$92.00	М
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		1			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2122 35092 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)				
				R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here		, modify, or abbreviate any part of tor information in item 10 of the Fir			
1a. ORGANIZATION'S NAME			. 1		
OR 1b. INDIVIDUAL'S SURNAME Paschal	FIRST PERSON	AL NAME	ADDITIO D	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3533 North Ridge Dr	CITY		STATE	POSTAL CODE	COUNTRY
	Klamath F			97601	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here		, modify, or abbreviate any part of tor information in item 10 of the Fii			
2a. ORGANIZATION'S NAME	-7-1			1	<u> </u>
OR 2b. INDIVIDUAL'S SURNAME Paschal	FIRST PERSON Ruben	AL NAME	ADDITIO D	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 3533 North Ridge Dr	CITY Klamath F	alls	OR	POSTAL CODE 97601	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS		ovide only <u>one</u> Secured Party nam	e (3a or 3b))	<u>'</u>
3a. ORGANIZATION'S NAME Community 1st Credit	t Union			/ -	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont	V	STATE	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following of Perfection: Purchase Money Security Intel Bryant oil furnace including all equipment Falls, OR 97601 Parcel: R880439 Alt Parc 97601 Abbreviated Legal Description: Lots ESTATES, according to the official plat the Complete Legal Description refer to Sale I	and components for a cel: 3809E15D03300 (s 3, 4, 5 and 6 of TRA ereof on file in the office	all systems installed a Situs Address: 3533 N CT 1306 - SECOND ce of the County Cler	t 3533 N Ridg ADDIT k of Kla	North Ridge Dr Kl e Dr, Klamath Fall TON TO NORTH F	amath s, OR RIDGE
	held in a Trust (see UCC1Ad, iten			ered by a Decedent's Persona	
6a. Check only if applicable and check only one box:		6b. C	heck only	if applicable and check only o	one box:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2021-008929

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

FO	LLOW 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	line 1b was le	eft blank			
	9a. ORGANIZATION'S NAME					
OF	9b. INDIVIDUAL'S SURNAME Paschal FIRST PERSONAL NAME					
	Adria ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	_		
10	DEPTOPIS NAME A 11 (42 40) A 11 (12 40)	D.11	0.481.460		SPACE IS FOR FILING OFFICE	
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			ine 1b or 2b of the	Financing Statement (Form UCC1) (us	e exact, full name;
0.5	10a. ORGANIZATION'S NAME	- 4	. 4			
OF	10b. INDIVIDUAL'S SURNAME				~	
	INDIVIDUAL'S FIRST PERSONAL NAME	X		V		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			>	4	SUFFIX
100	: MAILING ADDRESS	CITY	-		STATE POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECU	RED PARTY	'S NAME: Provide	only <u>one</u> name (11a or 11b)	
OF	11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
110	. MAILING ADDRESS	CITY			STATE POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		5	J		
13.	✓ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		NANCING STATE		ovtracted collectoral V is filed as	a fixtura filina
A R 3	Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): dria D Paschal uben D Paschal 533 North Ridge Dr lamath Falls, OR 97601	16. Descrip Perfecti Comple furnace installed R88043 Dr, Klar 3, 4, 5 and RIDGE	ete Plygem including a d at 3533 N B9 Alt Parco math Falls, d 6 of TRA ESTATES	ese Money Se windows, Bo all equipment North Ridge Del: 3809E15D OR 97601 A CT 1306 - SE , according to	ecurity Interest - In Fixtusch air conditioner and Is and components for all or Klamath Falls, OR 976 003300 Situs Address: 3 bbreviated Legal Descrition COND ADDITION TO Not the official plat thereofamath County, Oregon.	re. 19 Bryant oil systems 601 Parcel: 533 N Ridge ption: Lots NORTH on file in the
17.	MISCELLANEOUS:	1				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

1 CLEOTI MOTIVO TIONO			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	ent; if line 1b was left blank		
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S SURNAME			
Paschal			
FIRST PERSONAL NAME Adria			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	A (2)	
D DEDTORIO MARE		THE ABOVE SPACE IS FOR	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nan do not omit, modify, or abbreviate any part of the Debtor's name) and enter t 		line 1b or 2b of the Financing Statemen	t (Form UCC1) (use exact, full name;
10a. ORGANIZATION'S NAME			
OR 10b. INDIVIDUAL'S SURNAME	~~	-	
INDIVIDUAL'S FIRST PERSONAL NAME		\smile	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	$\times \mathcal{I}$	b 1	SUFFIX
10c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY'	S NAME: Provide only <u>one</u> name (11a	or 11b)
11a. ORGANIZATION'S NAME)		4
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAI	ME(S)/INITIAL(S) SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	_	\rightarrow	
12. ABBITIONAL OF AGE FOR THEM 4 (Goldalera).			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE		
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	6 16. Description of real estate		is filed as a fixture filing strument #2021-00585.
	Date: 04/19/2021		
17. MISCELLANEOUS:			