2021-012369

Klamath County, Oregon

08/13/2021 08:26:00 AM

Fee: \$92.00

## **UCC FINANCING STATEMENT**

| FOLLOW INSTRUCTIONS  |   |                               |                        |         |
|--|---|-------------------------------|------------------------|---------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |   |                               |                        |         |
| B. E-MAIL CONTACT AT FILER (optional)  |   |                               |                        |         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Addre   | ess)  |                               |                        |         |
| Craft3   | 7   |                               |                        |         |
| 42 7th Street, Suite 100<br>Astoria, OR 97103  |   |                               |                        |         |
|  |   |                               |                        |         |
|  | THE AB  | OVE SPACE IS FO               | R FILING OFFICE USE    | ONLY    |
| DEBTOR'S NAME: Provide only one Debtor name (1a o name will not fit in line 1b, leave all of item 1 blank, check her   |   |                               |                        |         |
| 1a. ORGANIZATION'S NAME  |   |                               |                        |         |
| 1b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME   | ADDITIO                       | NAL NAME(S)/INITIAL(S) | SUFFIX  |
| Nelson   | Elizabeth   |                               |                        |         |
| . MAILING ADDRESS  | CITY  | STATE                         | POSTAL CODE            | COUNTRY |
| 126 S 5th St.  | Klamath Falls   | OR                            | 97601                  | USA     |
| <ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or<br/>name will not fit in line 2b, leave all of item 2 blank, check her</li> <li>ORGANIZATION'S NAME</li> </ol>                     |   |                               |                        |         |
| R 2b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME   | ADDITIONAL NAME(S)/INITIAL(S) |                        | SUFFIX  |
| c. MAILING ADDRESS   | CITY  | STATE                         | POSTAL CODE            | COUNTRY |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME   | of ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secured | Party name (3a or 3b          | )<br>)                 |         |
| Craft3   |   |                               |                        |         |
| R 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME   | ADDITIO                       | NAL NAME(S)/INITIAL(S) | SUFFIX  |
| c. MAILING ADDRESS   | CITY  | STATE                         | POSTAL CODE            | COUNTRY |
| 42 7th Street, Suite 100   | Astoria   | OR                            | 97103                  | USA     |
| . COLLATERAL: This financing statement covers the following  | ng collateral:  |                               |                        | l       |
| I. COLLATERAL: This financing statement covers the following All Fixtures; whether any of the freplacements, and substitutions related to the control of the first transfer and substitutions. | foregoing is owned now or acqu                              |                               |                        |         |
| foregoing at 708 N 9th., Klamath Falls   |   | ·                             |                        | ,       |
|  |   |                               |                        |         |

APN: R370529

A parcel of land situated in Lot 1, Block 65, NICHOLS ADDITION to the City of Klamath Falls, more particularly described as follows:

Beginning at the Southeasterly corner of Lot 1, Block 65, NICHOLS ADDITION to the City of Klamath Falls, thence running Northwesterly and parallel with Ninth Street, 52 feet, thence running Southwesterly and parallel with Street, 86 feet, thence running Southeasterly and parallel with Ninth Street, 52 feet, thence running Northeasterly and parallel with Grant Street, 86 feet, more or less to the point of beginning.

| 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/Buy                                 | ver Bailee/Bailor Licensee/Licensor                        |
| 8. OPTIONAL FILER REFERENCE DATA:  |  |
|  |  |

**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 9b. INDIVIDUAL'S SURNAME Nelson FIRST PERSONAL NAME Elizabeth ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 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 STATE POSTAL CODE 11c. MAILING ADDRESS COUNTRY CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): A parcel of land situated in Lot 1, Block 65, NICHOLS ADDITION to the City of Klamath Falls, more particularly described as follows:

17. MISCELLANEOUS:

Beginning at the Southeasterly corner of Lot 1, Block 65, NICHOLS ADDITION to the City of Klamath Falls, thence running Northwesterly and parallel with Ninth Street, 52 feet, thence running Southwesterly and parallel with Grant Street, 86 feet, thence running Southeasterly and parallel with Ninth Street, 52 feet, thence running Northeasterly and parallel

## UCC FINANCING STATEMENT ADDENDUM

|             | ecause Individual Debtor name did not fit, check here  |   |                  |                  |  |                  |
|-------------|--|---|------------------|------------------|--|------------------|
| -           |  |   |                  |                  |  |                  |
| R-          | OL MANUFACTOR OF THE PARTY OF T |   |                  |                  |  |                  |
|             | 9b. INDIVIDUAL'S SURNAME  Nelson   |   |                  |                  |  |                  |
| ŀ           | FIRST PERSONAL NAME  |   |                  |                  |  |                  |
|             | Elizabeth  |   |                  |                  |  |                  |
|             | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX  | THE ABOVE        | CDACE            | C FOR FILING OFFICE                              | LICE ONLY        |
| <u>+</u>    | DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or   | Debtor name that did not fit in line  |                  |                  | S FOR FILING OFFICE<br>Statement (Form UCC1) (us |                  |
| -           | do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m  |   |                  |                  |  |                  |
|             | 10a. ORGANIZATION'S NAME   |   |                  |                  |  |                  |
| ₹ -         | 10b. INDIVIDUAL'S SURNAME  |   |                  |                  |  |                  |
| -           | INDIVIDUAL'S FIRST PERSONAL NAME   |   |                  |                  |  |                  |
|             | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |   |                  |                  |  | SUFFIX           |
| <u> </u>    | MAILING ADDRESS  | CITY  |                  | STATE            | POSTAL CODE                                      | COUNTRY          |
| Γ           | ADDITIONAL SECURED PARTY'S NAME or ASSIGNO   | <br>DR SECURED PARTY'S N  | IAME: Provide o  | nly one na       | me (11a or 11b)                                  |                  |
|             | 11a. ORGANIZATION'S NAME   | SIT OLOGILLE I AITI I O II  | ANIL. I TOVIGE O | my <u>one</u> na | ine (Tra or Trb)                                 |                  |
| ₹ -         | 11b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME   |                  | ADDITIO          | NAL NAME(S)/INITIAL(S)                           | SUFFIX           |
|             | TID. IID. VIDO, LO GOTIVANE  | THIS T ENGLINE  |                  | / DDING          | 10 to 10 to E(O)                                 | OGITIX           |
|             | MAILING ADDRESS  | CITY  |                  | STATE            | POSTAL CODE                                      | COUNTRY          |
|             |  | l .   |                  |                  |  |                  |
|             | ADDITIONAL CRACE FOR ITEM 4 (College val)  |   |                  |                  |  |                  |
| . <i>P</i>  | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |   |                  |                  |  |                  |
| . #         | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |   |                  |                  |  |                  |
| . #         | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |   |                  |                  |  |                  |
| . #         | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |   |                  |                  |  |                  |
| :. <i>F</i> | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |   |                  |                  |  |                  |
|             |  | 14 This FINANCING STATEMEN  | Tr.              |                  |  |                  |
|             | ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)   | 14. This FINANCING STATEMEN   |                  | extracted (      | collateral X is filed as                         | a fixture filing |
| . [         | X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the  | covers timber to be cut  16. Description of real estate:  with Grant Street | covers as-       |                  |  |                  |
| · [         | This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  | covers timber to be cut  16. Description of real estate:                    | covers as-       |                  |  |                  |
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