



2021-013899

Klamath County, Oregon

09/13/2021 03:47:01 PM

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 Address)

KLAMATH FSA
1945 MAIN STREET SUITE 100
KLAMATH FALLS, OREGON 97601

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

CHOATE

FIRST PERSONAL NAME

CARTER

ADDITIONAL NAME(S)/INITIAL(S)

JOHN

SUFFIX

1c. MAILING ADDRESS

PO BOX 136

CITY

MERRILL

STATE

OR

POSTAL CODE

97633

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

CHOATE

FIRST PERSONAL NAME

MERANDA

ADDITIONAL NAME(S)/INITIAL(S)

LIZEBETH

SUFFIX

2c. MAILING ADDRESS

PO BOX 136

CITY

MERRILL

STATE

OR

POSTAL CODE

97633

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

UNITED STATES OF AMERICA ACTING THROUGH THE UNITED STATES DEPARTMENT OF AGRICULTURE FARM SERVICE AGENCY

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

1945 MAIN STREET SUITE 100

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97756

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

a. All crops, livestock, farm products, equipment, certificates of title, goods, supplies, inventory, accounts, deposit accounts, supporting obligations, contract rights, payment intangibles, general intangibles, investment property, gross receipts, equities, revolving funds, crop insurance indemnity payments, and all entitlements, benefits, and payments from all State and Federal farm program.

b. All irrigation systems and equipment including but not limited to wheel lines, hand lines, pivots, pipe, valves, pumps and other appurtenances, including additions, substitutions and replacements thereof; and

c. All proceeds, products, accessions, and security acquired hereafter.

Disposition of such collateral is NOT hereby authorized.

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

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

☐ Public-Finance Transaction☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ 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 <input type="checkbox"/>				
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S SURNAME				
CHOATE				
FIRST PERSONAL NAME				
CARTER				
ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
JOHN				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> 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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of above-described real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: <div style="font-size: 1.2em; font-weight: bold; text-align: center;">SEE ATTACHED EXHIBIT "A" LEGAL DESCRIPTION</div>

17. MISCELLANEOUS:

EXHIBIT "A"
LEGAL DESCRIPTION

The Southwest Quarter of the Northwest Quarter and that portion of the Northwest Quarter of the Southwest Quarter lying and being Northerly of the main drain ditch in Section 18, Township 40 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon.