

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

2022-009121
Klamath County, Oregon
07/26/2022 08:31:04 AM
Fee: \$97.00

| . 022017 0 11.0 0 110110   |  |  |                               |                              |                       |
|--|--|--|-------------------------------|------------------------------|-----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3  | 331-3282 Fax: 818-662-4141   |  |                               |                              |                       |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  |  |  |                               |                              |                       |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  | 49471 - Launch Servicing,  |  |                               |                              |                       |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071  | 87843768 T   |  |                               |                              |                       |
|  | FIXTURE 1  |  |                               |                              |                       |
| File with: Klamath, OR   |  | THE ABOVE SPACE                                  | IS FOR FI                     | LING OFFICE US               | SE ONLY               |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or  |  | nodify, or abbreviate any part of the I          | Debtor's nam                  | ne); if any part of the      | Individual Debtor's   |
| name will not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME   | and provide the Individual Debtor  | information in item 10 of the Financi            | ng Statemer                   | t Addendum (Form L           | JCC1Ad)               |
| Id. ONONNIZATIONS INNIE  |  |  |                               |                              |                       |
| OR 1b. INDIVIDUAL'S SURNAME RATLIFF  | FIRST PERSONAL<br>KAREN  | NAME   | ADDITIONAL NAME(S)/INITIAL(S) |                              | SUFFIX                |
| 1c. MAILING ADDRESS  | CITY   | ST   | ATE POS                       | TAL CODE                     | COUNTRY               |
| 10021 Matney Way, Klamath Falls, OR, USA   | Klamath Falls  | s   c  | R 976                         | 303                          | USA                   |
| name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL   | information in item 10 of the Financi            | -                             | ME(S)/INITIAL(S)             | SUFFIX                |
| HART   | DENNIS   |  |                               |                              |                       |
| 2c. MAILING ADDRESS  | CITY   |  |                               | TAL CODE                     | COUNTRY               |
| 10021 Matney Way, Klamath Falls, OR, USA   | Klamath Falls  |  | R 976                         | i03                          | USA                   |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of  3a. ORGANIZATION'S NAME  EnerBankUSA  | ASSIGNOR SECURED PARTY): Prov  | ide only <u>one</u> Secured Party name (3        | a or 3b)                      |                              |                       |
| OR 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL   | NAME ADDITIONAL NAME(S)/INITIAL(S)               |                               | SUFFIX                       |                       |
| 3c. MAILING ADDRESS  | CITY   | ST   | ATE POS                       | TAL CODE                     | COUNTRY               |
| 1245 Brickyard Road, Suite 600   | Salt Lake Cit  | y l  | JT 84                         | 106                          | USA                   |
| 4. COLLATERAL: This financing statement covers the following PURCHASE MONEY SECURITY INTEREST IN SC PHOTOVALTAIC SOLAR ENERGY EQUIPMENT (I ELECTRICAL INVERTERS, MICROINVERTERS O AND ADDITIONS OR REPLACEMENTS OF THE S RESPECT TO THE REFERENCED COLLATERAL. | PLAR PRODUCT FIXTURES: A<br>IF ANY), INCLUDING BUT NO<br>R POWER OPTIMIZERS, CAE | T LIMITED TO ROOFTOP O<br>BLES AND WIRES, SUPPOR | R GROUI<br>T BRACK            | ND MOUNT SOL<br>ETS, RELATED | AR PANELS, EQUIPMENT, |

| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions | s) being administered by a Decedent's Personal Representative |
|--|---|
| 6a. Check <u>only</u> if applicable and check <u>only</u> 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:  |   |
| 87843768 LoanID 273004   | LenderCode ENRBK2   |

## **UCC FINANCING STATEMENT ADDENDUM**

| FΩ | 11 | $\cap$ V | / IN | IQT | PH | $\sim$ T | ONS |
|----|----|----------|------|-----|----|----------|-----|
|    |    |          |      |     |    |          |     |

| FOLLOWINSTRUCTIONS   |  |                                    |                           |                        |
|--|--|------------------------------------|---------------------------|------------------------|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing                         | g Statement; if line 1b was left blank           |                                    |                           |                        |
| because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME |  |                                    |                           |                        |
| 9a. ORGANIZATION'S NAME  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
| R 9b. INDIVIDUAL'S SURNAME   |  |                                    |                           |                        |
| RATLIFF  |  |                                    |                           |                        |
| FIRST PERSONAL NAME  |  |                                    |                           |                        |
| KAREN  |  |                                    |                           |                        |
| ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX   |                                    |                           |                        |
|  |  | THE ABOVE SPAC                     | E IS FOR FILING OF        | FICE USE ONLY          |
| DEBTOR'S NAME: Provide (10a or 10b) only one additiona                           | N Dobtor name or Dobtor name that did not fit in |                                    |                           |                        |
| do not omit, modify, or abbreviate any part of the Debtor's name)                |  | lile 10 01 20 01 tile Fillaticilig | Statement (Form OCC1)     | (use exact, full flame |
| 10a. ORGANIZATION'S NAME   |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
| 10b. INDIVIDUAL'S SURNAME  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                       |  |                                    |                           | SUFFIX                 |
|  |  |                                    |                           |                        |
| . MAILING ADDRESS  | CITY   | STATE                              | POSTAL CODE               | COUNTRY                |
|  |  |                                    |                           |                        |
| . ADDITIONAL SECURED PARTY'S NAME OF   | ASSIGNOR SECURED PARTY'S N                       | JAME: Provide only one na          | me (11a or 11b)           |                        |
| 11a. ORGANIZATION'S NAME   |  | <u> </u>                           | (                         |                        |
|  |  |                                    |                           |                        |
| 11b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                              | ADDITI                             | ONAL NAME(S)/INITIAL(S)   | SUFFIX                 |
|  |  |                                    |                           |                        |
| c. MAILING ADDRESS   | CITY   | STATE                              | POSTAL CODE               | COUNTRY                |
|  |  |                                    |                           |                        |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral):  | •  |                                    | <b>-</b>                  | •                      |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
|  |  |                                    |                           |                        |
| This FINANCING STATEMENT is to be filed [for record] (o                          | r recorded) in the 14. This FINANCING STATE      | EMENT:                             |                           |                        |
| REAL ESTATE RECORDS (if applicable)  | covers timber to be                              | _                                  | d collateral X is filed a | as a fixture filing    |
| Name and address of a RECORD OWNER of real estate desc                           |  | <del>_</del>                       | a contactal Z to filed t  | ao a fixtare filing    |
| (if Debtor does not have a record interest):                                     |  |                                    |                           |                        |
|  | Recorded: 08/                                    | 15/1991                            |                           |                        |
|  |  |                                    |                           |                        |
|  | Book/Page: MS                                    |                                    |                           |                        |
|  | Instrument #: 3                                  | i <b>3</b> ∠55                     |                           |                        |
|  |  |                                    |                           |                        |
|  | Legal Descript                                   | ion as per last d                  | leed of record            |                        |
|  | PARCEL 1:  | •                                  |                           |                        |
|  |  | LAND LYING I                       | N GOVERNM                 | IENT LOT               |
|  | [ See Exhibit for Rea                            |                                    | I OO V LI (I VIIV         | ILITI LOI              |
|  |  |                                    |                           |                        |
| '. MISCELLANEOUS: 87843768-OR-35 49471 - Launch Servicing, L                     | _  |                                    | nID 273004 LenderCode E   |                        |

**Debtor:** RATLIFF, KAREN

#### Exhibit for Real Estate

## **16. Description of real estate:** Continued

4, SECTION 17, TOWNSHIP 40 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

BEGINNING AT A POINT ON THE SOUTH LINE OF SAID SECTION 17, WHICH IS 3,285.96 FEET EASTERLY FROM THE SOUTHWEST CORNER OF SAID SECTION; THENCE NORTH 30 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 89 DEGREES 58' 45" EAST 208.00 FEET TO A POINT; THENCE NORTH 209.4 FEET TO A POINT; THENCE NORTH 89 DEGREES 58' 45" WEST 208 FEET TO A POINT; THENCE SOUTH 209.4 FEET TO THE TRUE POINT OF BEGINNING.

#### PARCEL 2:

A TRACT OF LAND SITUATED IN GOVERNMENT LOT 4 OF SECTION 17, TOWNSHIP 40 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID SECTION 17; THENCE SOUTH 89 DEGREES 58' 45" EAST, ALONG THE SOUTH LINE OF SAID SECTION, 3629.77 FEET; THENCE NORTH, 30.00 FEET TO A 5/8" IRON ROD MARKING THE TRUE POINT OF BEGINNING; THENCE NORTH 89 DEGREES 58' 45" WEST, 135.81 FEET TO THE SOUTHEAST CORNER OF THAT PROPERTY CONVEYED TO WAYNE L.

NEUBERT AND WIFE BY DEED RECORDED IN VOLUME M69 AT PAGE 2695 OF THE KLAMATH COUNTY DEED RECORDS; THENCE NORTH 209.4 **Debtor: RATLIFF, KAREN** 

# **Exhibit for Real Estate**

## **16. Description of real estate:** Continued

FEET; THENCE NORTH 89 DEGREES 58' 45" WEST, 208.0 FEET TO THE NORTHWEST CORNER OF THAT PROPERTY CONVEYED IN SAID DEED VOLUME M69 AT PAGE 2695; THENCE NORTH, 281. I FEET MORE OR LESS TO THE MEAN HIGH WATER LINE OF LOST RIVER; THENCE EASTERLY ALONG SAID MEAN HIGH WATER LINE TO A POINT NORTH, 502.2 FEET FROM THE TRUE POINT OF BEGINNING; THENCE SOUTH, 502.2 FEET MORE OR LESS TO THE TRUE POINT OF BEGINNING.

APN: 98263

