2022-013942

Klamath County, Oregon

12/05/2022 11:00:01 AM

Fee: \$92.00

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)
SPRFilling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

SPRFIIIng@cscglobal.com

SEND ACKNOWLEDGMENT TO: (Name and Address)

2449 96590

CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Oregon
(Klamath)

Shaw Shaw Surrivation Shaw Surrivation Shaw	_		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
The individual's surname shaw and provide only one and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 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 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 Carolyn 2b. INDIVIDUAL'S SURNAME Shaw Carolyn City Klamath Falls City Klamath Falls STATE OR POSTAL CODE 97603 STATE OR POSTAL CODE 97603 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 Community 1st Credit Union OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR POSTAL CODE 97603 USA 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY OR STATE POSTAL CODE COUNTRY OR STATE POSTAL CODE COUNTRY OR SUFFIX COMMUNICATION SAME (S)/INITIAL(S) COMMUNICATION SAME (S)/INITIAL(S							
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1c. MAILING ADDRESS 12952 Crystal Springs Rd CITY Klamath Falls 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 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 2b. INDIVIDUAL'S SURNAME Shaw 2c. MAILING ADDRESS 12952 Crystal Springs Rd CITY Klamath Falls CITY Klamath Falls CITY Klamath Falls 3a. ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS PO Box 870 CITY STATE POSTAL CODE COUNTRY USA ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX STATE POSTAL CODE COUNTRY OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY	OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
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Klamath Falls OR 97603 USA		Shaw	Carolyn	J	J		
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36. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 36. MAILING ADDRESS PO Box 870 CITY STATE POSTAL CODE COUNTRY		3a. ORGANIZATION'S NAME Community 1st Credit Unic	on				
3c. MAILING ADDRESS PO Box 870 CITY STATE POSTAL CODE COUNTRY DUPONT WA 98327 U.S.A.	OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX	
DuPont WA 98327 USA	3c.	MAILING ADDRESS PO Box 870	CITY	STATE	POSTAL CODE	COUNTRY	
24. C.R. VIII 00021 007.			DuPont	WA	98327	USA	

4 COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fixture. Complete Generac Pwr generator and all Solar energy equipment including but not limited to the complete Solar and Energy Storage system and all of its components installed at 12952 Crystal Springs Rd Klamath Falls, OR 97603 Parcel: R38630 Alt Parcel: 38630 Situs Address: 12952 Crystal Springs Rd, Klamath Falls, OR 97603 Abbreviated Legal Description: Parcel 1: Lot 15, Block 7, Altamont Acres, according to the official plat thereof in file in the office of the County Clerk of Klamath County Oregon. Parcel 2: A tract of land situated in the NE 1/4 NW 1/4 and the NW 1/4 NE 1/4 of Section 27, Township 39 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon. For Complete Legal Description refer to Sale Instrument #2021-010246 Date: 06/30/2021

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 <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/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	2449 96590

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					
OR 9b. INDIVIDUAL'S SURNAME Shaw					
FIRST PERSONAL NAME Randy					
ADDITIONAL NAME(S)/INITIAL(S) L W	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional D do not omit, modify, or abbreviate any part of the Debtor's name) are		line 1b or 2b of the Financing S	Statement (Form UCC1) (use	exact, full name;	
10a. ORGANIZATION'S NAME					
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. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	S NAME: Provide only <u>one</u> na	ame (11a or 11b)		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. This FINANCING STATEMENT is to be filed [for record] (or record) REAL ESTATE RECORDS (if applicable)	corded) in the 14. This FINANCING STATE covers timber to be of		collateral 🖊 is filed as a	a fixture filing	
15. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): Randy L W Shaw Carolyn J Shaw 12952 Crystal Springs Rd Klamath Falls, OR 97603	and address of a RECORD OWNER of real estate described in item 16 blor does not have a record interest): y L W Shaw yn J Shaw 2 Crystal Springs Rd 16. Description of real estate: Perfection: Purchase Money Security Interest - In Fixture. Complete Generac Pwr generator and all Solar energy equipment including				

UCC FINANCING STATEMENT ADDENDUM

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	1		
SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
al Debtor name or Debtor name that did not fit in e) and enter the mailing address in line 10c	n line 1b or 2b of the Financing	Statement (Form UCC1) (us	e exact, full name
			SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
FIRST PERSONAL NAME			SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
covers timber to be ed in item 16 16. Description of real estate situated in the NE 27, Township 39 S Klamath County, (cut covers as-extracted e: 1/4 NW 1/4 and the South, Range 10 Ea Oregon. For Comple	NW 1/4 NE 1/4 o st of the Willamet ete Legal Descript	of Section te Meridiar
al (*)	SUFFIX Debtor name or Debtor name that did not fit in and enter the mailing address in line 10c CITY	SUFFIX THE ABOVE SPACE Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing state of the space of the Financing state of the	SUFFIX