## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2498 37377 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath) 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 OF 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) Dort Barbara 1c. MAILING ADDRESS 1118 Laurel Street CITY STATE POSTAL CODE COUNTRY Klamath Falls OR 97601 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 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE 2c MAILING ADDRESS COUNTRY 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 1st Security Bank of Washington 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2023-001058 Klamath County, Oregon

02/15/2023 01:12:02 PM

Fee: \$92.00

STATE

WA

POSTAL CODE

98046

COUNTRY

USA

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

3c. MAILING ADDRESS P. O. Box 97000

APN: R532016

Legal: A tract of land situated in the St/2 NWI/4 of Section 5, Township 39 South, Range 9 East of the Willamette Meridian, Klamath Comity, Oregon, and more particularly described as follows:

Beginning at an iron pin located South 529.0 feet and East 1245.8 feet from the iron pin which marks the Southwest corner of the NWI/4 NWI/4 of said Section 5; thence East 125.0 feet to an iron pin; thence South 89.3 feet to an iron pin; thence West 125.0 feet, to an iron pin; thence North 89 J feet, more or less, to the point of beginning.

Lynnwood

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	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :5152402640 Dort Debtor (Klamath County, OR)	2/98 3737

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR COLUMNIA OF THE PROPERTY OF					
9b. INDIVIDUAL'S SURNAME Dort					
FIRST PERSONAL NAME					
Barbara					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
10 DERTOR'S NAME: Provide (40e or 40h) only one additional Debter name of	r Dobter name that did not fit in			Statement (Form HCC1) (upo	
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r</li> </ol>		line 10 or 20 of the Fin	iancing s	statement (Form OCC1) (use	exact, full flame
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. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	I OR SECURED PARTY	S NAME: Provide on	ly one n	mpo (11a or 11b)	
11a. ORGANIZATION'S NAME	OK SECONED I ANTI	S NAME. Floride on	ly <u>one</u> na	ame (Ta of TTb)	
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):					
12. ADDITIONAL STACE FOR THEM 4 (Collateral).					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	covers timber to be		ktracted (	collateral  is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate APN: R532016	:			
	l a male A to the St	and also is the state of	u. o	LO NUMBER OF CO.	<i>-</i>
	Legal: A tract of la Township 39 Sout				
	Klamath Comity, C				
	follows:	-	-	•	
	Beginning at an iro				
	feet from the iron p NWI/4 NWI/4 of sa				
17. MISCELLANEOUS:					
Fixture filing.					

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME  Dort						
FIRST PERSONAL NAME						
Barbara		Lauren				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ADOVE S	BACEI	S FOR FILING OFFICE	HEE ONL
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do not omit, modify, or abbreviate any part of the Debtor's name						
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10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL O FIRST DEDOCNAL MAME						
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	T		Ta		I	
MAILING ADDRESS	СІТ	Y	S	TATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or		SECURED PARTY'S	NAME: Provide only	v one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	ASSIGNOR	SECONEDIANTI	NAME. Floride only	y <u>one</u> na	ine (Ta or Tib)	
11b. INDIVIDUAL'S SURNAME	FIR	ST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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