2023-009215

Klamath County, Oregon

10/26/2023 08:30:01 AM Fee: \$82.00

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
recordings@gorequire.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
reQuire Real Estate Solutions, LLC P.O. Box 860 Palm Harbor, FL 34682 SEE BELOW FOR SECURED PARTY CONTACT INFORM	MATION	Print	ACE IS FOR	Reset	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n.	ame: do not omit modify or				
		mation in item 10 of the Financ			
1b. INDIVIDUAL'S SURNAME POLLOCK	FIRST PERSONAL N WOODROW	FIRST PERSONAL NAME WOODROW		L NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3635 SEUTTER PL	CITY KLAMATH FALLS		STATE OR	POSTAL CODE 97603	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name of fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME		abbreviate any part of the Debt mation in item 10 of the Financ			ebtor's name will
OR 2b. INDIVIDUAL'S SURNAME POLLOCK	FIRST PERSONAL N MELINDA	FIRST PERSONAL NAME MELINDA		ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS 3635 SEUTTER PL	CITY KLAMATH FALLS		STATE OR	POSTAL CODE 97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Provide on	y <u>one</u> Secured Party name (3a	or 3b)		
3a.ORGANIZATION'S NAME Puget Sound Cooperative Credit Union					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	CITY BELLEVUE		STATE WA	POSTAL CODE 98004-6420	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:				•	
Fixtures and energy equipment, including but not after acquired equipment, installed at 3635 SEUTT LOT 15, BLACK 4, TRACT NO. 1153, SECOND ADDITION FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH Parcel No.: 594253	ER PL KLAMATH FAI TO PINE GROVE POR	LS, OR 97603			
6a. Check only if applicable and check only one box:	ist (see UCC1Ad, item 17 a	6b. C	heck <u>only</u> if ap	by a Decedent's Personal	e box:
Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if positionally):	A Debtor is a Tra		Agricultura		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor	Seller/Buyer	Bailee	e/Bailor Licen	see/Licensor
POLLOCK445					