2023-010091

Klamath County, Oregon

11/21/2023 01:47:01 PM

Fee: \$92.00

ICC FINANCING STATEMENT DLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2697 60059 CSC	$\neg$					
801 Adlai Stevenson Drive	Filed In: Oregon					
SEE BELOW FOR SECURED PARTY CONTACT INFOR	(Klamath) MATION	THE ABOVE SPA	CE IS FO	R FILING OFF	ICE USE C	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, for not fit in line 1b, leave all of item 1 blank, check here	ull name; do not omit, modify, or abbrev vide the Individual Debtor information in					Debtor's name will
1a. ORGANIZATION'S NAME						
R 1b. INDIVIDUAL'S SURNAME TEDESCHI	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INI	TIAL(S)	SUFFIX
.: MAILING ADDRESS 743 North 11th Street	сіту Klamath Falls		STATE	POSTAL CODE 97601		COUNTRY
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fit not fit in line 2b, leave all of item 2 blank, check here	ull name; do not omit, modify, or abbreviolet the Individual Debtor information in					Debtor's name will
2a. ORGANIZATION'S NAME						
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INI	TIAL(S)	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME 1st Security Bank of Washin		ecured Party name (3	a or 3b)			
R 3ь. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INI	TIAL(S)	SUFFIX
MAILING ADDRESS P. O. Box 97000	CITY Lynnwood		STATE WA	POSTAL CODE 98046		COUNTRY
COLLATERAL: This financing statement covers the following collateral: WINDOWS  APN: R370985 Alternate APN: 3809029DC033 Beginning at a point on the East line of 11th Street Block 68, NICHOLS ADDITION to the City of Klandortheasterly at right angles to 11th Street to the laid Lot 4 to the most Westerly corner of said Lot f beginning, being said Lot 4, EXCEPT the South	nath Falls, as shown by Northerly line of said Lo 4; thence Southeasterly	the duly recont 4; thence V	orded p Vesterly	olat thereof y along the	thence Northe	rly line of
Check only if applicable and check only one box:  Collateral is held in a Ta. Check only if applicable and check only one box:  Public-Finance Transaction Manufactured-Home Transaction  ALTERNATIVE DESIGNATION (if applicable):	rust (see UCC1Ad, item 17 and Instruct  A Debtor is a Transmitting Consignee/Consignor	6b. C	heck <u>only</u> if	red by a Decedent f applicable and che tural Lien	neck <u>only</u> one	box:

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME TEDESCHI				
FIRST PERSONAL NAME				
LINDSAY				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	or Debtor name that did not fit in line 1b	or 2b of the Financing Staten		
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				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUALIO FIDOT DEDOCNAL NAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
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ADDITIONAL SECURED PARTY'S NAME or ASSI	CHOR GEOGRED LARTE GE	VAINE. Floride only one han	le (Tra Or Trb)	
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				COUNT
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MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):			POSTAL CODE	COUNTY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	e 14. This FINANCING STATEME	VT:		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16				
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MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUN
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TTA. ORGANIZATION S NAIVIE							
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