UCC FINANCING STATEMENT				Fee: \$87.00	
FOLLOW 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)					
2730 57898 CSC 801 Adlai Stevenson Drive	7				
Springfield, IL 62703	Filed In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT INFO	`	THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact not fit in line 1b, leave all of item 1 blank, check here and p	t, full name; do not omit, modify, o provide the Individual Debtor inform				l Debtor's name will
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME POHL	FIRST PERSONAL NAI	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 724 Mitchell Street	сіту Klamath Falls		STATE	POSTAL CODE 97601	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	, full name; do not omit, modify, o	r abbreviate any part of the D	ebtor's nar		l Debtor's name will
	provide the Individual Debtor inform	nation in item 10 of the Financi	ng Statemer	nt Addendum (Form UCC1Ad)	
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR		one Secured Party name (3	a or 3b)		
3a. ORGANIZATION'S NAME 1st Security Bank of Washi	ington				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS P. O. Box 97000	CITY Lynnwood		STATE	POSTAL CODE 98046	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: WINDOWS APN: 3809-033AD-13800-000 LEGAL: The North 40 feet of Lots 464 and 465 of the official plat thereof on file in the office of the				f Klamath Falls, ac	ecording to
	a Trust (see UCC1Ad, item 17 and			red by a Decedent's Personal	
6a. Check only if applicable and check only one box:		6b. c	heck only i	f applicable and check <u>only</u> or	ne box:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

2730 57898

2024-000227 Klamath County, Oregon

01/09/2024 08:08:02 AM

8. OPTIONAL FILER REFERENCE DATA: 5152686920 Pohl "Debtor"

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

R 9b. INDIVIDUAL'S SURNAME						
POHL						
FIRST PERSONAL NAME PAUL						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D	Debtor name that did not	fit in line			IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail		iit iii iiile	D OI 2D OI the I mai	ionig otaten	ient (i omi occi) (use exa	t, iuii iiailie,
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUALIO FIDAT DE DOCUMA NAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	OR SECURED PA	ARTY'S	NAME: Provide of	nly <u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
:. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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. ☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timbe	er to be cu		-extracted co	ollateral ☑ is filed as	a fixture filling
. ☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber	er to be cu al estate:	t covers as			
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