

2024-003218
Klamath County, Oregon
04/29/2024 08:33:02 AM
Fee: \$87.00

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Elderlife Financial Lending, LLC - 888-228-4500

B. E-MAIL CONTACT AT FILER (optional)
uccfiling@elderlifefinancial.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
**ELDERLIFE FINANCIAL LENDING, LLC
ATTN: LEGAL DEPARTMENT
100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120
HENDERSONVILLE, TN 37075**

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

OR

1b. INDIVIDUAL'S SURNAME
Dinger

FIRST PERSONAL NAME
Betty

ADDITIONAL NAME(S)/INITIAL(S)
J

SUFFIX

1c. MAILING ADDRESS

615 Washburn Way

CITY
Klamath Falls

STATE
OR

POSTAL CODE
97603

COUNTRY
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

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY
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

ELDERLIFE FINANCIAL LENDING, LLC

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120

CITY
HENDERSONVILLE

STATE
TN

POSTAL CODE
37075

COUNTRY
USA

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

All Fixtures appurtenant to:

1440 Dayton St

Klamath Falls OR 97603

PARCEL ID: R445682

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 1440 DAYTON ST, KLAMATH FALLS, OR 97603-3802 CURRENTLY OWNED BY DINGER BETTY S HAVING A TAX ASSESSOR NUMBER OF R445682 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS BRYANT TRACTS #2, BLOCK 3, LOT 13 AND DESCRIBED IN DOCUMENT NUMBER 2751 DATED 04/11/2024 AND RECORDED 04/12/2024.

Original Loan Amount: \$36,300.00

Pursuant to the Memorandum of Agreement dated 04/25/2024, whereby Betty J Dinger (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Elderlife Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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

Dinger

FIRST PERSONAL NAME

Betty

ADDITIONAL NAME(S)/INITIAL(S)

J

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. 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 Statement (Form UCC1) (use exact, full name; 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

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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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 recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted 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:

**1440 Dayton St
Klamath Falls OR 97603
PARCEL ID: R445682**

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 1440 DAYTON ST, KLAMATH FALLS, OR 97603-3802 CURRENTLY OWNED BY DINGER BETTY S HAVING A TAX ASSESSOR NUMBER OF R445682 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS BRYANT TRACTS #2, BLOCK 3, LOT 13 AND DESCRIBED IN DOCUMENT NUMBER 2751 DATED 04/11/2024 AND RECORDED 04/12/2024.

17. MISCELLANEOUS: