



2024-007523

Klamath County, Oregon

08/28/2024 03:08:02 PM

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NTC	2906) com	`			
UCC FINANCING STATEMENT	637687001	1			
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
_				7	
Umpqua Bank	' [
PO Box 1580 Roseburg, OR 97470				_ /	
Noseburg, OK 37470	1		- 1	7 7	
SEE BELOW FOR SECURED PARTY CONTACT INFO	DRMATION —	THE ABOVE SP.	ACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex	act, full name; do not omit, modify,	or abbreviate any part o	of the Debto	r's name); if any part of the I	ndividual Debto
name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME	provide the Individual Debtor inforn	ation in item 10 of the F	inancing S	tatement Addendum (Form U	CC1Ad)
Ia. ONOANIZATION O NAINIE			М.		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Cheyne	Brent	<u> </u>	A.		
: MAILING ADDRESS 13411 Springlake Road	Klamath Falls		OR	97603-8807	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex-		a shbrovisto say part o		<u> </u>	
name will not fit in line 2b, leave all of item 2 blank, check here and	provide the Individual Debtor inform	ation in item 10 of the F	inancing St	atement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME	976		,		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	·	TABBUTIO	N. M. M. M. C.	
20. INDIVIDUAL O GUNNAME	FIRST PERSONAL NAME	•	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R SECURED PARTY): Provide only	one Secured Party nar	ne (3a or 3t)	
Umpqua Bank		\sim 7		, –	
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
C/O Loan Support Services, PO Box 1580	Roseburg		OR	97470	USA
COLLATERAL: This financing statement covers the following collateral:	- 4			·	
All Fixtures; whether any of the foregoin	g is owned now	or acquired I	ater: a	III accessions a	additions
eplacements, and substitutions relating to	any of the foregoing	; all records o	of any l	kind relating to a	ny of th
oregoing.					
Check only if applicable and check only one box: Collateral is held in a . Check only if applicable and check only one box:	Trust (see UCC1Ad, item 17 and Ir		being administered by a Decedent's Personal Representativ		
Public-Finance Transaction Manufactured-Home Transaction	on A Debtor is a Transm		6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing		
ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer			ee/Licensor
OPTIONAL FILER REFERENCE DATA:				LICENS	- OF IOCUSOR

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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 Cheyne FIRST PERSONAL NAME **Brent** ADDITIONAL NAME(S)/INITIAL(S) 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 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. X 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 X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Real property in the County of Klamath, State of Oregon, described as follows: Beginning at a point on the East boundary of Section 24, Township 39 South, Range 9 East of the Willamette Meridian, which lies South along said line a distance of 1909.6 feet from the Northeast corner of said Section 24; thence South 89°28IJ50Œ West a distance of 742 feet; thence South 89°27IJ20Œ West 797.5 feet; thence South 89°05I40 Œ West to a point on the West line of the Northeast quarter of said Section 24; thence 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank			
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S SURNAME				
Cheyne FIRST PERSONAL NAME			- 1	
Brent			\sim	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-	(\land)	þ.
A.		THE ABOVE	SPACE IS FOR FILING OFFIC	E USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 	Debtor name that did not fit in line nailing address in line 10c			
10a. ORGANIZATION'S NAME	_ (
OR 10b. INDIVIDUAL'S SURNAME		. 1		
INDIVIDUAL'S FIRST PERSONAL NAME	$X \mathcal{H}$	$\overline{}$		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		þ	4	SUFFIX
10c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	L OR SECURED PARTY'S N	NAME: Provide o	oly one name (11a or 11h)	
11a. ORGANIZATION'S NAME	STOREST ACTION	IVAIVIE. Flovide of	ny <u>one</u> traine (Fra or Frb)	
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):				
		J		
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMEN covers timber to be cut		stracted collateral X is filed as	o finharo filian
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: South along said Northeast quarter; Northeast quarter North along the East of beginning.	West line to the So st line of se	to the Southwest constant along the South outheast corner there and Northeast quarter tion of the above pro-	ner of said line of said eof; thence to the point
17. MISCELLANEOUS:				

EXHIBIT "A" LEGAL DESCRIPTION

Real property in the County of Klamath, State of Oregon, described as follows:

Beginning at a point on the East boundary of Section 24, Township 39 South, Range 9 East of the Willamette Meridian, which lies South along said line a distance of 1909.6 feet from the Northeast corner of said Section 24; thence South 89°28'50" West a distance of 742 feet; thence South 89°27'20" West 797.5 feet; thence South 89°05'40" West to a point on the West line of the Northeast quarter of said Section 24; thence South along said West line to the Southwest corner of said Northeast quarter; thence East along the South line of said Northeast quarter to the Southeast corner thereof; thence North along the East line of said Northeast quarter to the point of beginning.

SAVE AND EXCEPT that portion of the above property lying within the boundaries of State Highway No. 39.