2024-009121

Klamath County, Oregon 10/21/2024 08:23:01 AM

Fee: \$87.00

UCC FINANCING STATEMENT 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)					
2952 88583	$\neg$				
CSC 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	l In: Oregon (Klamath)		-		
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	rion —	THE ABOVE SPA	CE IS FO	OR FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full na not fit in line 1b, leave all of item 1 blank, check here  and provide:		, or abbreviate any part of the C rmation in item 10 of the Financi			
1a. ORGANIZATION'S NAME			. 1		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Doddridge  1c. MAILING ADDRESS 4945 Villa Drive	Jeffrey	- 1	STATE	POSTAL CODE	COUNTRY
18. MALINGADIALESS 4545 VIIIA Drive	Klamath Fall	s	OR	97603	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full na not fit in line 2b, leave all of item 2 blank, check here		or abbreviate any part of the C rmation in item 10 of the Financi			
2a. ORGANIZATION'S NAME	1 1			$\neg$	
2b. INDIVIDUAL'S SURNAME  Doddridge	FIRST PERSONAL N	VAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 4945 Villa Drive	Klamath Fall	s	STATE	POSTAL CODE 97603	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED SECURITY BANK OF Washington		nly <u>one</u> Secured Party name (3	a or 3b)		1
	Л	~ /	/	/	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL 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: Siding	1				
APN: R556703					
Legal: Lot 21 in Block 12 of Tract No. 1170, THIRD		-	accord	ing to the officia	l plat thereof
on file in the office of the County Clerk of Klamath Co	ounty, Oregon.				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust	(see UCC1Ad, item 17 a	and Instructions)	administs	red by a Decedent's Perso	onal Representativo
6a. Check only if applicable and check only one box:  Collateral is intend in a must	(300 UCC IAU, ILEIII 17 8			f applicable and check <u>on</u>	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tr	ansmitting Utility	Agricul	tural Lien Non-U	JCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor L	icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 5152908480 Doddridg	e (Debtor)				2952 88583

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin because Individual Debtor name did not fit, check here	e 1b was left blank				
9a. ORGANIZATION'S NAME					
OR CL. INDIVIDUALS OF DIVIDUALS			4.		
OR 9ь. INDIVIDUAL'S SURNAME  Doddridge		- 7			
FIRST PERSONAL NAME			`	₩.	
Jeffrey  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	OUE A DOVE	CONCEUS FOR E	UNIO OFFICE II	ISE ONLY
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Dedo not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing</li> </ol>			SPACE IS FOR FI		
10a. ORGANIZATION'S NAME	/	~ 7			
OR 10b. INDIVIDUAL'S SURNAME	73.1		-		
INDIVIDUAL'S FIRST PERSONAL NAME	77	$\smile$			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<b></b>	- 6		SUFFIX
10c. MAILING ADDRESS	CITY		STATE POSTAL (	CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	L OR SECURED PARTY'S	NAME: Provide only	one name (11a or 11	b)	
11a. ORGANIZATION'S NAME	) `			4	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	- 1	ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE POSTAL O	CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<i>J</i>			
13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM covers timber to be determined to the covers timber to be determined.	_	xtracted collateral	is filed as a fi	xture 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: APN: R556703 Legal: Lot 21 in BI THE MEADOWS, office of the Count	ock 12 of Trac	ct No. 1170, The official pla	THIRD ADD	ITION TO
17. MISCELLANEOUS:					