

2024-009932

Klamath County, Oregon



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11/14/2024 01:17:02 PM

Fee: \$92.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]

JOSIE MCCARTY 541-887-3513

B. E-MAIL CONTACT AT FILER [optional]

JOSEPHINE.MCCARTY@USDA.GOV

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA/FARM SERVICE AGENCY
1945 MAIN STREET, SUITE 100
KLAMATH FALLS, OR 97601

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

CASE

FIRST PERSONAL NAME

DAWN

ADDITIONAL NAME(S)/INITIAL(S)

ANNE

SUFFIX

1c. MAILING ADDRESS

4606 ONYX AVE

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 1 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

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

UNITED STATES OF AMERICA ACTING THROUGH THE FARM SERVICE AGENCY

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

1945 MAIN STREET, SUITE 100

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

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

(a) Complete sprinkler irrigation systems, including but not limited to the following items, and including all substitutions for, replacements of, and additions to such sprinkler irrigation system:

1- 10 HP RainFlow phase motor Model #:5K213JK66 Serial #12173 (complete with panel and all wiring)

150 – 30 ft x 3" handlines

Miscellaneous valves, couplers, risers, sprinklers, etc., plus all additions and replacements thereto.

(b) PROCEEDS of collateral are also covered

(c) Disposition of such collateral is NOT hereby authorized.

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

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

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

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

8. OPTIONAL FILER REFERENCE DATA

CASE, DAWN ANNE

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

CASE

FIRST PERSONAL NAME

DAWN

ADDITIONAL NAME(S)/INITIAL(S)

ANNE

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):

16.

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 above-described real estate described in item 16 (if Debtor does not have a record interest):

SEE "EXHIBIT A"

17. MISCELLANEOUS:

EXHIBIT "A"

LEGAL DESCRIPTION

A tract of land situated in Lot 4, Section 17, Township 40 South, Range 10 East of the Willamette Meridian, in the County of Klamath, State of Oregon, described as follows:

Beginning at a 5/8" iron pin on the North line of Zuckerman Road which bears South 89°58'45" East a distance of 2,770.0 feet and North a distance of 30.0 feet from the iron pin marking the Southwest corner of said Section 17, said point also being the Southeast corner of Tract described in Deed Volume M65, page 2152; thence North a distance of 849.85 feet to 5/8" iron pin; thence North 86°56' East a distance of 212.71 feet to a 5/8" iron pin; thence continuing North 85°56' East to the Westerly bank of Lost River; thence Southeasterly along the Westerly bank of Lost River to the Northwesterly corner of tract described in instrument recorded in Volume M69, page 837; thence South along the West line of last mentioned tract of a distance of 433.3 feet to the North line of Zuckerman Road; thence North 89°58'45" West along said line a distance of 515.96 feet, more or less to the point of beginning.