## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071
OROR
FIXTURE

File with: Klamath, OR

2024-010778

Klamath County, Oregon 12/13/2024 08:33:01 AM

Fee: \$92.00

File with: Klamath, OR  THE ABOVE SPACE IS FOR FILING OFFICE USE				SE ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here.	•	44	_		
1a. ORGANIZATION'S NAME		_/_	4		<u> </u>
1b. INDIVIDUAL'S SURNAME  MCKENZIE	FIRST PERSONAL NAME JOSEPH		DDITION	AL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	s	TATE	POSTAL CODE	COUNTRY
11017 SISKIN LN	KLAMATH FALLS		or	97601-8647	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact,	full name; do not omit, modify,	r 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 prov	ride the Individual Debtor informa	tion in item 10 of the Financ	cing Stat	ement Addendum (Form l	JCC1Ad)
2a. ORGANIZATION'S NAME	7 7				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITION	AL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	ECURED PARTY): Provide only	one Secured Party name (	3a or 3b	)	
3a. ORGANIZATION'S NAME RENOVATEOPCO TRUST			J		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
345 Park Ave, 31st Floor	New York		NY	10154-0191	USA
COLLATERAL: This financing statement covers the following collateral: HVAC EQUIPMENT					

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instruction	ns) being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utilit	y Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Selle	r/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 102067009 3129657	

UCC FINANCING STATEMENT ADDEND	JM
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OR THE REPORT OF THE BOY OF THE PROPERTY IN NAME OF THE PROPERTY IN TH		line 1b was left blank				
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MOKENZIE   FRET PRESONAL NAME   JOSEPH   ADDITIONAL NAME   PROTECTION   NAME   NAME   NAME   PROTECTION						
MCKENZIE  PRET FERSONAL NAME: PROJect (15 or 105) only gag additional Debtor same of Debtor name	OR 96 INDIVIDUAL'S SURNAME					
JOSEPH   ADDITIONAL NAME; Provide (10s or 100) only one additional Decornance or Declaration name based and risk in line 10 or 20, on the Financial substances from UCC1) (use exact, full name; do not do not manify in abstraction any part of the Debter's name) and enter the mailing address in line 10c.    CR   GROWER/ATTORN NAME   Provide (10s or 100) only one additional Decornance or Declaration name in the 10c.						
SUPPX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	I					
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INDIMIDUAL'S FIRST PERSONAL NAME  INDIMIDUAL'S ADDITIONAL NAME(SYNITIAL(3))  11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (113 on 110)  11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (113 on 110)  11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (113 on 110)  11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (113 on 110)  12. ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (113 on 110)  13. Maria Financing Statement or □ ADDITIONAL NAME(SYNITINUS) SUFFIX  14. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Leibto does not have a record interest):  16. Description of real estate:  17. THE FOLLOWING DESCRIBED REAL PROPERTY IN THE COUNTY OF KLAMATH AND STAGE OF OREGON FREE OF ENCUMBRANCES EXCEPT AS SPECIFICALLY SET FORTH HEREIN: LOT 48, RUNNING Y RESORT, PHASE 1, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICIAL PLAT THEREOF O	OR 10b INDIVIDUAL'S SURNAME	<del></del>				
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The Individual's surname    First personal name		NOR SECURED PARTY'S NAME: Pr	ovide only <u>one</u> name (11a or 11b)			
13. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  14. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Kayla Mckenzie and Joseph A. Mckenzie Jr., Wife and husband  110. This FINANCING STATEMENT:    Occurrent interest   Occurrent	TIA. UNGANIZATIONS NAME	) .				
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OFFICE OF THE COUNTY CLERK, KLAMATH [See Exhibit for Real Estate]						
[ See Exhibit for Real Estate ]						
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	17 MISCELLANEOUS: 102067009-OR-35 54923 - RenovateOpco Trust - REN	_	-			

**Debtor:** MCKENZIE, JOSEPH

Exhibit for Real Estate

**16. Description of real estate:** Continued

COUNTY, OREGON.

Property Address: 11017 SISKIN LN KLAMATH FALLS

OR 97601

Parcel ID: 1838.00S08.00E04D0-000002500

