UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (option CSC 1-800-858-5294	nal)				
B. E-MAIL CONTACT AT SUBMITTER (optional)					
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
3130 18967 CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703	Filed In: Oregon				
	(Klamath)				
SEE BELOW FOR SECURED PARTY CONTA				R FILING OFFICE USE	
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b not fit in line 1b, leave all of item 1 blank, check here 		dify, or abbreviate any part of the Deb nformation in item 10 of the Financing			Debtor's name will
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME A	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OTERO	DIANA				
1c. MAILING ADDRESS 2706 WATSON ST	CITY		STATE	POSTAL CODE	COUNTRY
	KLAMATH	FALLS	OR	97603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b not fit in line 2b, leave all of item 2 blank, check here		lify, or abbreviate any part of the Deb nformation in item 10 of the Financing			Debtor's name will
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OTERO	LOUIS				
2c. MAILING ADDRESS 2706 WATSON ST	KLAMATH		OR	POSTAL CODE 97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provid	e only <u>one</u> Secured Party name (3a c	or 3b)	1	_
3a. ORGANIZATION'S NAME 1st Security Bank of	Washington				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NIAME L	DDITIO	NAL NAME (CV/INITIAL (CV	OUEEN
3D. INDIVIDUAL & SURNAIVIE	FIRST PERSONA	LINAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS P. O. Box 97000	CITY	5	STATE	POSTAL CODE	COUNTRY
1 . G. Box 67 600	Lynnwood	1	WA	98046	USA
4. COLLATERAL: This financing statement covers the following or ROOF	ollateral:				
ROOF					
APN: R510637					
AI N. 1310031					
A tract of land lying North of the Enterpris	e Irrigation ditch in Lot 1	7, PIEDMONT MIGHT	ΓS, aι	n addition in Klama	ath
County, Oregon, situated in the E1/2 SE1		ip 39 South, Range 9	East	of the Willamette I	Meridian,
and more particularly described as follows					
thence North 0 27' West 15 feet to the iro	•	me between Lots 17 a	nu Z	o, mence cast a d	istanc e or
Beginning at the Northeast corner of Lot 1 146.8 feet to an iron pin; thence North 77 iron pin which is South 0 27' East a distant	17; thence South 0 27' I 19' West 109.0 feet to	an iron pin; thence No	rth 18	3 18' West 113.6 f	feet to an
141.0 feet, more or less, to the point of be	•	ine between rots 17 g	iiu Z	o, mence East a U	isianic e ui

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA: 5153060410 OTERO DEBTOR

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

7. ALTERNATIVE DESIGNATION (if applicable):

Public-Finance Transaction

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

 $6b.\ Check\ \underline{only}$ if applicable and check \underline{only} one box:

Agricultural Lien

Bailee/Bailor

2025-003814 Klamath County, Oregon

05/21/2025 01:25:01 PM

Fee: \$102.00

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financia	ng Statement; if line 1b was left blank			
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				
OR CL. INDIVIDUALS CURNAME				
OTERO				
FIRST PERSONAL NAME DIANA ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional			IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Debtor's name) a				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
0c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): ALSO a tract of land lying in Lot 18, PIED e1/2 SE1/4 of Section 1, Township 39 Sou particularly described as follows: Beginning at the Northwest corner of said feet to a 1/2 inch iron pipe, thence North 8 Gastaldi", thence along an existing fence	uth, Range 9 East of the Willame Lot 18; thence along the West I 89 43'11" East 22.00 feet to a 5/8	ette Meridian, Kla ine of said Lot 18 8" pin with a plast	math County, Oreg South 00 27'00" E ic cap stamped "L	gon, more East 147.25 S 928
40 []		_		
This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describer.	covers timber to be cut	NT: covers as-extracted	collateral is filed as a	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	covers timber to be cut		collateral 🗾 is filed as a	fixture filing

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
OTERO FIRST PERSONAL NAME					
DIANA					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	IS FOR FILING OFFICE I	JSE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or to do not omit, modify, or abbreviate any part of the Debtor's name) and enter the main the name of the Debtor's name) and enter the main the name of the Debtor's name.		lb or 2b of the Financ	ing Statem	ent (Form UCC1) (use exact,	full name;
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
William ABBACO			O I/ (I E	001/12/0002	Josephine
ADDITIONAL SPACE FOR ITEM 4 (Collateral): et to a 5/8" pin with a plastic cap stamped "L 928 (orth line of said Lot 18, thence along the North line eginning.					
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM			ollateral 🔽 is filed as a	C

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financial	ing 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 OTERO				
FIRST PERSONAL NAME DIANA				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name) ORGANIZATION'S NAME 		1b or 2b of the Financing State	ement (Form UCC1) (use exac	t, full 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 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S	NAME: Provide only one na	ame (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL 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 reREAL ESTATE RECORDS (if applicable)	ecorded) in the 14. This FINANCING STATEM covers timber to be or		collateral is filed as a	a fixture filing

1							
9b. INDIVIDUAL'S SURNAME							
OTERO							
FIRST PERSONAL NAME							
DIANA ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	(
, BB111614		30117	`	THE ABOVE	SPACE	IS FOR FILING OFFIC	CE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> addition			fit in line 1				
do not omit, modify, or abbreviate any part of the Debtor's nam 10a. ORGANIZATION'S NAME	e) and enter the mailin	ng address in line 10c					
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUN
WALLING ADDICESS		CITT			SIAIE	POSTAL CODE	COON
ADDITIONAL SECURED PARTY'S NAME or		L OR SECURED PA	PTV'S	NAME: Provide or	hu ono nam) (11g or 11h)	
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME		SIT GEOORED 17	11110	TYAIVIL. Flovide of	ily <u>one</u> nan	le (Tra or Tro)	
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL N	AME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUN
						,	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	or recorded) in the	14. This FINANCING			extracted c	ollateral ✓ is filed a	as a fixture filin
▼ This FINANCING STATEMENT is to be filed [for record] (o		covers timbe 16. Description of rea 15.00 feet to	er to be cu al estate: the No	covers as-	aid Lot	ollateral	