UCC FINANCING STATEMENT				Fee: \$87.00	
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)					
3157 03261 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	In: Oregon (Klamath)	THE ABOVE SI	PACE IS FO	OR FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name)					l Debtor's name wil
not fit in line 1b, leave all of item 1 blank, check here and provide to and provide to a large and provide to a large and provide to an arrange and provide to a large and provide to	ne Individual Debtor Infori	mation in item 10 of the Finar	ncing Stateme	nt Addendum (Form UCC1Ad)	
1b. INDIVIDUAL'S SURNAME CARNAHAN	FIRST PERSONAL NAME THOMAS		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 5407 Lawanda Drive	CITY Klamath Falls		STATE	POSTAL CODE 97601	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name)					Debtor's name will
not fit in line 2b, leave all of item 2 blank, check here and provide t [2a. ORGANIZATION'S NAME]	he Individual Debtor infori	mation in item 10 of the Finar	ncing Stateme	nt Addendum (Form UCC1Ad)	
2b. INDIVIDUAL'S SURNAME CARNAHAN	FIRST PERSONAL NAME ELIZABETH		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 5407 Lawanda Drive	сіту Klamath Falls	3	STATE	POSTAL CODE 97601	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 3a. ORGANIZATION'S NAME 1st Security Bank of Washingto		y <u>one</u> Secured Party name	(3a or 3b)		
0.0					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL 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: WINDOWS APN: R497322 ALT APN: 497322 LEGAL: Lot 20 in Block 2 of Tract 1002. LAWANDA F County Clerk of Klamath County, Oregon.	HILLS, accordir	ng to the official p	olat ther	eof on file in the of	ffice of the
	see UCC1Ad, item 17 ar			ered by a Decedent's Personal	-
6a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b	. Check <u>only</u>	if applicable and check <u>only</u> or	ne box:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

2025-004763 Klamath County, Oregon

06/18/2025 03:21:02 PM

Non-UCC Filing

Licensee/Licensor

3157 03261

Agricultural Lien

Bailee/Bailor

8. OPTIONAL FILER REFERENCE DATA: 5153079890 CARNAHAN (debtor)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9ь. INDIVIDUAL'S SURNAME				
CARNAHAN				
FIRST PERSONAL NAME				
THOMAS ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
	III	THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor nam do not omit, modify, or abbreviate any part of the Debtor's name) and enter th		or 2b of the Financing Staten	nent (Form UCC1) (use exa	ct, full name;
10a. ORGANIZATION'S NAME	e maining address in fine 100			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				LOUIEELV
INDIVIDUAL 5 ADDITIONAL NAME(5)/INITIAL(5)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
	NONE OF OUR ER DARTY (10 to			
ADDITIONAL SECURED PARTY'S NAME or ASS 11a. ORGANIZATION'S NAME	SIGNOR SECURED PARTY'S N	IAME: Provide only <u>one</u> nan	ne (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	L	I	1	
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
▼ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the state of the st	he 14. This FINANCING STATEMEN	IT:		
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be cut	IT: covers as-extracted c	ollateral ☑ is filed as	a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut 16. Description of real estate:	_	ollateral ☑ is filed as	a fixture filing
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ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be cut 16. Description of real estate: APN: R497322 ALT APN: 497322 LEGAL: Lot 20 in Black according to the office	covers as-extracted of cock 2 of Tract 100 cial plat thereof or	2. LAWANDA H	ILLS,
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