

2025-009123

Klamath County, Oregon

10/13/2025 10:42:02 AM

Fee: \$97.00

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) 67091 - FX3 TWG HI

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	106148001
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OROR  
FIXTURE

File with: Klamath, OR

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 FORKNER-YATES		FIRST PERSONAL NAME MABEL	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 305 BONNER LN		CITY CRESCENT	STATE OR	POSTAL CODE 97733-7240	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 2 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 FX3 TWG HI Finance Co I, LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 227 West Monroe, Suite 4800		CITY Chicago	STATE IL	POSTAL CODE 60606-5055	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
BATH TUB AND SHOWER SYSTEMS

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

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:  
106148001 5827291



# 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

FORKNER-YATES

FIRST PERSONAL NAME

MABEL

ADDITIONAL NAME(S)/INITIAL(S)

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):

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

Mabel A Forkner Yates and Donald A Yates,  
as Tenants by the Entirety  
305 BONNER LN  
CRESCENT, OR 97733-7240

16. Description of real estate:

THE FOLLOWING DESCRIBED REAL PROPERTY IN THE COUNTY OF KLAMATH AND STATE OF OREGON FREE OF ENCUMBRANCES EXCEPT AS SPECIFICALLY SET FORTH HEREIN: A PARCEL OF LAND SITUATE IN THE SE1/4 SW1/4 OF SECTION 30, TOWNSHIP 24 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, [ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 106148001-OR-35 67091 - FX3 TWG HI FINANCE C FX3 TWG HI Finance Co I, LLC File with: Klamath, OR 5827291

**Debtor:** FORKNER-YATES, MABEL

**Exhibit for Real Estate**

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

OREGON, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT, A #5 STEEL ROD, FROM WHICH THE S1/4 CORNER OF SECTION 30 BEARS SOUTH 22° 18' 47' EAST 1169.1 FEET; THENCE ALONG A LINE AT RIGHT ANGLE TO MAIN STREET PROJECTED, NORTH 50° 56' 36' WEST 100.0 FEET TO A #5 STEEL ROD; THENCE ALONG A LINE PARALLEL WITH MAIN STREET PROJECTED, NORTH 39° 03' 24' EAST 100.0 FEET TO A 3/4' BOLT; THENCE ALONG A LINE AT RIGHT ANGLE TO MAIN STREET PROJECTED, SOUTH 50° 56' 36' EAST 100.0 FEET TO A 1' STEEL ROD; THENCE ALONG A LINE PARALLEL WITH MAIN STREET PROJECTED, SOUTH 39° 03' 24' WEST 100.0 FEET TO THE POINT OF BEGINNING.

Property Address: 305 BONNER LN CRESCENT OR  
97733-7240

Parcel ID: R861936

