of 2

Page 1

Recording requested By CHERYL MARIE CARTER

Lincoln County - NV Leslie Boucher - Recorder Fee: \$40.00

RPTT Recorded By: HB Book- 307 Page-

State of Oregon }

} SS

County of Josephine

County Recorder's Stamp (above)

ID NO	RECEIPT NO	RECEIPT Date
CSU001772	2325	5/20/2015
A000893	876741	3/28/2012
386210323	701462	3/14/2012
AK01596	374148	10/7/2011
318SNHC13392	374147	09/2/2011
BB0011630M	6859	11/15/2010
US003234B	6859	11/15/2010
Q1563762	9975	8/1/1999
FN062046	876737	3-07-12
2574	N/A, Private Inheritance	N/A
582416	N/A, Private Inheritance	N/A
CXD-44	N/A, Private transaction	Transaction date 3/14/2012

I, the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts recited, and the party named in said deed(s) is the same party as one of the owners named in said deed(s)/certificate(s) of title.

AFFIDAVIT OF OWNERSHIP

By: Cheryl Marie Carter JCC1-308

All Rights reserved, Signature Non-negotiable

Signed and sworn to before me this 25th day of 0

Notary Public

My Commission Expires: 16-05-2018

OFFICIAL STAMP VICKI CHRISTINA GILL NOTARY PUBLIC - OREGON COMMISSION NO. 929083 MY COMMISSION EXPIRES JUNE 05, 2018

			1	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Cheryl Marie Carter			\ \	
B. E-MAIL CONTACT AT FILER (optional) basksegenekkwe@startmail.com			\ \	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			\ \	
Cheryl Marie Carter c/o Post Office Box 643 Cave Junction, Oregon [97523]				
L			OD EN ING OFFICE UPP	MAIN W
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use expenses)	xact, full name; do not omit, modify, or abbreviate any p	part of the Debto	OR FILING OFFICE USE or's name); If any part of the li	idividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and 1s. ORGANIZATION'S NAME	provide the Individual Debtor Information in item 10 of	the Financing S	tatement Addendum (Form U	CC1Ad)
CHERYL MARIE CARTER OR 10. NODIVIDUAL'S SURNAME	S COOK DE POOR AL MANE	Legarie	MAL MANE CONTRACTOR	Toursey
TO MADIA DOMES SOCIAME	FIRST PERSONAL NAME	AUDITR	DNAL NAME(SYINITIAL(S)	SUFFIX
1c. MAILING ADDRESS PO BOX 643	CAVE JUNCTION	STATE OR	97523	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here.	eact, full name; do not omit, modify, or abbreviate any p provide the Individual Debtor Information in item 10 of			
2a. ORGANIZATION'S NAME	provide the individual papers into material in term 10 or	and residence of	esterneria Actualitativi (FORIII O	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	DNAL NAME(SVINITIAL(S)	SUFFIX
	THOTTE COURT TO ME	TESTI C	ore investoyin netto	JOFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only one Secured Part	ty name (3a or 3	b)	
Cheryl Marie Carter	\ \			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADOITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS c/o Post Office Box 643	Cove Turnetion	STATE	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:	Cave Junction	OR	[97523]	USA
File Number: CMCAFFOWNRFA002				
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in 6a. Check <u>only</u> if applicable and check only one box:	a Trust (see UCC1Ad, item 17 and Instructions)		ared by a Decedent's Persons if applicable and check <u>only</u> o	والمستحدث فالمتارك
Public-Finance Transaction Menufactured-Home Transact		_	it applicable and check <u>only</u> of tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable). Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor Seller/Buye	r Be	allee/Baitor Licen	see/Licensor
o. or more received countries based.				