

Secretary of State
37309

STATE OF OREGON

UNIFORM COMMERCIAL CODE STANDARD FORM UCC-3

Statement of continuation, assignment, release, termination, amendment, etc.

Vol. m91 Page 23757

PLEASE TYPE

BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY.

READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM. CUSTOMER NUMBER

M91/23757

A. Check (x) one: ☒ DEBTOR NAME; ☐ CONSIGNOR; ☐ LESSEE; ☐ Social Sec. number or TIN

(From original filing or as previously amended) ONE IDENTIFYING NUMBER (SSN, EIN, etc.) REQUIRED

1. Nancy Barnes Coffin, Trustee; 305-62-7364

2. S. Rush Coffin, Special Trustee

3. W.C. Ranch

(Last Name) (First Name) (Middle) (Address) (City) (State) (Zip)

DEBTOR MAILING ADDRESS: (Address) (City) (State) (Zip)

Total Debtor Names:

Route: 1 Box: 660F

Klamath Falls, OR 97601

B. Check (x) one: ☒ SECURED PARTY; ☐ CONSIGNOR; ☐ LESSOR

NAME AND ADDRESS (from original filing or as previously amended)

The Travelers Insurance Company

One Tower Square, 2BP

Hartford, CT 06183-2020

Telephone Number:

Telephone Number:

(18617/18214)

This statement refers to original Financing Statement No. K-35766 (18214) Date Filed 12/21/82 19 82

- ☐ **TERMINATION** The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. No Fee is required for filing a termination statement.
- ☐ **ASSIGNMENT** The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the described collateral.
- ☐ **CONTINUATION** The original financing statement bearing the file number shown above is still effective. Effective only if submitted within six months prior to expiration date.
- ☒ **RELEASE** From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following: (describe below). Choose one: ☐ Release of all Collateral ☒ Partial Release **RELEASE DOES NOT TERMINATE DEBT**
- ☐ **AMENDMENT** Financing statement bearing file number shown above is amended as described below. Signature of Debtor required in most cases.

This area can be used in listing collateral to be Released, Amendment description, and other information:

Irrigation equipment and appurtenances and additions thereto and replacements thereof as described on the attached Schedule "A"

Debtor hereby authorizes the Secured Party to file a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By: [Signature] Required Signature(s) By: [Signature]

FARM PRODUCTS STATEMENTS OF CONTINUATION, AMENDMENT, ASSIGNMENT, LAPSE - FORM EFS-3

This area for use in listing Farm Product changes, deletions, additions, amendments:

- ☐ **LAPSE/TERMINATION**
- ☐ **ASSIGNMENT**
- ☐ **CONTINUATION**
- ☐ **AMENDMENT**

By: [Signature] Signature of Debtor(s) By: [Signature] Signature of Secured Party
STEPHEN HOLLIDAY
ASSISTANT DIRECTOR

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

The Travelers Realty Investment Company
One Tower Square, 2BP
Hartford, CT 06183-2120
Attn: Investment Services

Loan # 202098

Please do not type outside of bracketed area

Source of Payment:
Cash ☐
Check ☐ # [Number]

Visa/MasterCard ☐
(See reverse of Original Copy)

Submit completed form to:
Secretary of State, UCC Section
Capitol Bldg., Room 41
Salem, OR 97310
(503) 378-4146
FAX: (503) 373-1166

23756

EXECUTED to be effective the 26th day of April, 1998.

ATTEST:

Robert F. Fennelly
Robert F. Fennelly
Assistant Secretary

THE TRAVELERS INSURANCE COMPANY

Stephen Holliday
Stephen Holliday
Assistant Director

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) ss. Farmington

BEFORE ME, the undersigned authority, on this day personally appeared Stephen Holliday, Assistant Director of THE TRAVELERS INSURANCE COMPANY, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed, in the capacity therein stated, and as the act and deed of said corporation.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 26th day of April, 1998.

Patricia H. Cszasz
Notary Public, State of Connecticut
My Commission Expires: 3/31/94
Patricia H. Cszasz

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 13th day of Nov. A.D., 19 91 at 4:20 o'clock P M., and duly recorded in Vol. M91, on Page 23755.
of Mortgages
Evelyn Biehn. County Clerk
By Patricia H. Cszasz

FEE \$13.00