SEND ONE COPY TO STATE FOR FILING
IT WILL BE RETURNED AS AN ACKNOWLEDGEMENT

REORDER FROM Registré, Inc.

93952

01-24-95P03:22 RCVD

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OREGON
STATE FINANCING STATEMENT STANDARD FORM UCC-3
Statement of termination, assignment, continuation, release, amendment.

PLEASE TYPE (ILLEGIBLE TYPE WILL BE REJECTED).
BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY.
READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM.

This Statement is presented to filing officer pursuant to the Uniform Commercial Code. A carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

1-24-95

M95/1681

A. DEBTOR(S) NAME
(If individual list last name first)
Social Sec. number or TIN (Required for EFS Filing)

1. Ehlers, Frederick D. 544-48-8381

2. Ehlers, Helen Ann

3.

(Last Name) (First Name) (Middle)

DEBTOR MAILING ADDRESS:
P.O. Box 428
Klamath Falls, Oregon 97601

Reserved for Filing Officer Use

B. SECURED PARTY(IES)
NAME AND ADDRESS (from which security information is obtainable)
The Travelers Insurance Co. - Real Estate Investment Dept.
707 S.W. Washington Street
Portland, Oregon 97205
Telephone Number:

CUSTOMER NUMBER

C. ASSIGNEE NAME AND ADDRESS (if any)

Telephone Number:

This statement refers to original Financing Statement No. 82821 Date Filed March 20, 19 90 Vol. M90 Page 5108

☐ TERMINATION The Secured Party inactivates the financing statement bearing the file number shown above. (NO FEE)

☐ 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. 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.

In accordance with ORS Statutes, SECURED PARTIES must sign ALL UCC-3 Filings

By: ______________________

By: ______________________
Debtor(s) Signature (if required)

By: The Travelers Insurance Company

By: Lynn M. Latham
Secured Party(ies) Signature
Lynn M. Latham

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

This FARM PRODUCT STATEMENT is presented to the filing officer pursuant to ORS Chapter 79.

☐ TERMINATION List Farm Product amendments, changes, deletions/releases and additions.

☐ ASSIGNMENT

☐ CONTINUATION

☐ AMENDMENT

By: ______________________ By: ______________________
Signature of Secured Party

By: ______________________
Signature of Debtor(s)

Visa/MasterCard ☐
(see reverse of Original copy)

RETURN TO: (name and address)

The Travelers Insurance Company
One Tower Square - 2SHSA
Hartford, CT 06183-2021

Loan No. 200935

Please do not type outside of bracketed area

(Rev. 2/94)

Submit completed form to:
Corporation Division
Public Service Building
255 Capitol St., NE, Suite 151
Salem, OR 97310-1327

(503) 986-2200
FAX: (503) 373-1166

FILING OFFICER

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of The Travelers Ins. Co the 24th day of Jan A.D., 19 95 at 3:22 o'clock P M., and duly recorded in Vol. M95 of Mortgages on Page 1681

Bernetha G. Letsch, County Clerk
By Pauline Mullendore

FEE $5.00