Submit this form and fee $10.00 per form, except Termination

JAN -8 P2:48

STATE OF OREGON
Corporation Division
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166

JAN -8 P2:48

THIS SPACE FOR OFFICE USE ONLY

UCC-3 STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT

PLEASE TYPE OR WRITE LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filing, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic or other reproduction of this form, financing statement or security agreement may be filed as a financing statement under ORS Chapter 79.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: M92/1165 Date Filed: 1/17/92

B. TYPE OF AMENDMENT

12/4/95

☒ **TERMINATION. (NO FEE)** The Secured party certifies that they no longer claim interest under the financing statement bearing the file number shown in SECTION A.

☐ **CONTINUATION.** Submitted within six months prior to expiration date.

☐ **ASSIGNMENT.** The Secured Party assigns to the Assignee whose name and address is shown in SECTION E and bearing the file number shown in SECTION A.

☐ **RELEASE. RELEASE DOES NOT TERMINATE DEBT.** From the collateral described in the financing statement bearing the file number shown in SECTION A, the Secured Party releases the following: (describe in SECTION G.).

Choose one: ☐ Release of all Collateral ☐ Partial Release

☐ **AMENDMENT.** Financing statement bearing file number shown in SECTION A is amended as described in SECTION G. **Signature of Debtor required in most cases.**

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

C. DEBTOR NAME(S)

1. Valente, Jr., Walter V.
2. See attached
3.

DEBTOR MAILING ADDRESS:
P.O. Box 1061
San Andreas, CA 95249

D. SECURED PARTY(IES) NAME AND ADDRESS

First Interstate Bank of California
14211 River Road
Walnut Grove, CA 95690
Contact Name: Phone No.:

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: Phone No.:

F. SIGNATURES. In accordance with ORS Statutes, **ALL SECURED PARTIES** must sign UCC-3 Filings.

By: Thomas W. Backer
Thomas W. Backer, Vice President
Secured Party(ies) Signature

By:
Debtor Signature(s) (if required)

RETURN COPY TO: (name and address). Please do not type or print outside of bracketed area. OR, **FAX COPY TO:** (name and fax number).

Farmers & Merchants Bank of Central CA
P.O. Box 3000
Lodi, CA 95241-1902
Attention: Jay Colombini

Name:
Fax Number:

UCC3 (Rev. 7/85)

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Continued:

No. 2, 2A, 2B, 2C, 2D, etc.

Valente, Walter V. (Sr.)
Star Route 3, Box 48
Angels Camp, CA 95222
SS #557-52-6831

Valente, Norma
Star Route 3, Box 48
Angels Camp, CA 95222
SS #556-80-5184

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 8th day of Jan A.D., 19 96 at 2:48 o'clock P M., and duly recorded in Vol. M96, of Mortgages on Page 614.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Lynette Neely