

12142

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16-01-19P02:54 RCVD

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

THIS SPACE FOR OFFICE USE ONLY

Vol. m96 Page 1 - 1638**EFS-3 STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, 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 STATEMENTNo.: M85 P 17169 1190 P23378 Date Filed: 10/21/85 11/23/90**B. TYPE OF AMENDMENT**☒ **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.☒ **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 Amended description, and other information.

Lots 1, 2, 3, 6 and 7
Block 3 of Chemult
Klamath County OR
are released, without
Release of:1986 Silvercrest
Cottage C-1 28x48
Mobile Home SN:
ABTSC-3211-OR**C. DEBTOR NAME(S)**1. TERESA HOBBS & GERARDINE M. ASHBY

2. _____

3. _____

DEBTOR MAILING ADDRESS:PO BOX 178
Chemult, OR 97731**D. SECURED PARTY(IES) NAME AND ADDRESS**WESTERN BANK-SUE CUTRIGHT
PO BOX 869
COOS BAY OR 97420Contact Name: SUE CUTRIGHT Phone No.: 541-269-4295**E. ASSIGNEE(S) NAME AND ADDRESS (if any)**

Contact Name: _____ Phone No.: _____

F. SIGNATURES. In accordance with ORS Statutes, **ALL SECURED PARTIES** must sign EFS-3 Filings.By: (P) Western Bank

By: _____

By: Susan Cutright
Secured Party(ies) Signature

By: _____

Susan Cutright, Asst. Special Asset Officer

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).

LAWRENCE ERWIN, ATTORNEY AT LAW
1045 NW BOND #201
BEND OR 97701Name: LAWRENCE ERWINFax Number: 541 317 0524

EFS-3 (Rev. 7/95)

FORM No. EFS-3 NK
Stevens-Ness Law Publishing Company
Portland, OR 97204 - (503) 223-3137

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Western Bank the 19th day
of Jan A.D., 19 96 at 2:54 o'clock P M., and duly recorded in Vol. M96
of Mortgages on Page 1638

FEE \$5.00

By Bernetha G. Letsch, County Clerk
Dorlene Mullins