08790 1 Submit the form and fee \$10.00 per form, except Termination

1.00/cc

23770

STATE OF OREGON KI amath | County SPACE FOR OFFICE USE ONLY Corporation Division - UCC

Public Service Building 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

(503) 986-2200 Facsimile (503) 373-1166

Vol.mal. Page

UCC-3 STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT PLEASE TYPE OR WRITE LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

	period of five years from the date of filling, unless extended for additional periods as provided for by other reproduction of this form, financing extension or security egreement may be filed as a financing of the period of the form of the filling	datement under ORS Chapter 79.
	A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT	G. COLLATERAL This area can be used in listing collateral
_	No.: 23397 V.M90 P.24231 Date Filed: December 6, 1990	to be Released, Amendment description,
<u>•</u>	B. TYPE OF AMENDMENT	
Z	TERMINATION. (NO FEE) The Secured party certifies that they no long claim interest under the financing statement bearing the file number shown in SECTION A.	
2	CONTINUATION. Submitted within alx months prior to expiration date.	
35	ASSIGNMENT. The Secured Party essigns to the Assignee whose name and address is shown in SECTION E and bearing the file number shown in SECTION A.	
ķ	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: (described 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 requires in most cases	
	C. DEBTOR NAME(S)	
	1. Northcutt, John L.	
	2. Northcutt, Carolyn A.	
	DEBTOR MAILING ADDRESS:	
	6521 E. Langell Valleu Road Bonanza, Or. 97625	
	D. SECURED PARTY(IES) NAME AND ADDRESS The Bank of California and California, N.A. Redding Regional Office 1805 Market Street Redding Regional Office Phone No.:	
	E. ASSIGNEE(S) NAME AND ADDRESS (if any)	1
	Contact Name: Phone No.:	must class IICC-2 Eilings
	F. SIGNATURE(S). In accordance with ORS Statutes, ALL SECURED PARTIES The Bank of California, a division of Union Sank of California, N.A. By:	must sign 000-5 i milgs.
	Julia Berg/ President	or Signatures(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).	
	The Bank of California, a division of Union Bank of California, N.A. Name:	CSC 400-3 MIS
	P.O. Box 45011 Fax Numbe	r: <u>(415) 765-2707</u>
	San Francisco, CA 94145 Attn: Commercial Service Center Contact Nu	mber: <u>(415) 765-2839</u>
	ucci der. 785) Ro: tost	
	STATE OF OREGON: COUNTY OF KLAMATH: ss.	
		the 26th da
	Filed for record at request of Bank Of California	1110
	n 10 06 - 11 16 ablack A M and	duly recorded in Vol. Myb
	of August A.D., 19 90 at 11:10 octock A.W., and of Mortgages on Page	40440
	c Arouge AD 10 40 at 11410 OCIOCK 12 IVE., and	h, County Clerk