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

34378

472801

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. M97 Page 7564

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.: 43208; V. M92, P. 7328 Date Filed: 4/8/92

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.

XXX **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.**

97 MAR 14 P2:43

C. DEBTOR NAME(S)

1. MCMANUS, STEVE
2. MCMANUS, SHERRY
3.

DEBTOR MAILING ADDRESS:

6203 AIRWAY DRIVE
KLAMATH FALLS, OR 97601

D. SECURED PARTY(IES) NAME AND ADDRESS

Diversified Financial
Services, Inc.
11213 Davenport, Suite 303
Omaha, NE 68154

Contact Name: Phone No.:

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: Phone No.:

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

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

DIVERSIFIED FINANCIAL SERVICES, INC.

By: Carmen Likukenhaus
By: Secured Party(ies) Signature

By:
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).

Diversified Financial
Services, Inc.
11213 Davenport, Suite 303
Omaha, NE 68154

Name:
Fax Number:

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Diversified Financial of March A.D., 19 97 at 2:43 o'clock P. M., and duly recorded in Vol. M97 of Mortgages on Page 7564 the 14th day

FEE $5.00

Bernetha G. Letsch, County Clerk
by Kathleen Rose