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

38231

STATE OF OREGON
Corporation Division - UCC
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 378-4166

THIS SPACE FOR OFFICE USE ONLY

Vol M97 Page 16036

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 continued for additional periods as provided by law and Section 79. A carbon, photographic or other reproduction of this form, bearing signatures of all parties, is sufficient as a financing statement under ORS Chapter 79.

97 MAY 27 P2:16

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: 70297 Date Filed: 11-13-1972

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.

☐ 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.

#46-00026610

C. DEBTOR NAME(S)

1. SHANGRI-LA APTS., A LIMITED PARTNERSHIP S/S #91-1154406

2.

3.

DEBTOR MAILING ADDRESS:

1331 AVALON STREET

Klamath Falls, OR 97601

Klamath County— 1rb

D. SECURED PARTY(IES) NAME AND ADDRESS

FEDERAL NATIONAL MORTGAGE ASSOCIATION
135 NO. LOS ROBLES, #300
PASADENA, CA 91101

Contact Name: Phone No.:

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: Phone No.:

F. SIGNATURE(S) (Debtor signature(s) required in most cases) ALL SECURED PARTIES must sign UCC-3 Filings.

ASSOCIATION BRIAN T. STAFFEL, E.P.

By: By:

By: 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).

LINDA R. BERKOWITZ
BANK OF MARYLAND
100 WITMER RD., P.O. BOX 963
HORSHAM, PA 19044-0963

Name: L.R. BERKOWITZ
Fax Number: 215 682 3448

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda R. Berkowitz the 27th day of May A.D., 19 97 at 2:16 o'clock P. M., and duly recorded in Vol. M97 of Mortgages on Page 16036.

FEE $5.00

By Bernetha G. Letsch, County Clerk
Kathleen Kyle