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

41040

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 22064

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.: 18617 VOL. M82, PAGE 18214 Date Filed: 12/21/82

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.

C. DEBTOR NAME(S)

1. Nancy Barnes Coffin, Trustee
2. S. Rush Coffin, Special Trustee and Co-Trustee
3. W.C. Ranch

DEBTOR MAILING ADDRESS:
Route 1 Box 660F
Klamath Falls, Oregon 97601

D. SECURED PARTY(IES) NAME AND ADDRESS
The Travelers Insurance Company
One Tower Square - 2BP
Hartford, CT 06101-5052

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: The Travelers Insurance Company
By: [signature]
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).

The Travelers Insurance Company
One Tower Sq - 10PB
Hartford, CT 06183-2030
Attn: Michelle Flanagan
#2020980

Name: _____
Fax Number: _____

'97 JUL 15 A9:21

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Travelers Insurance Co. the 15th day of July A.D., 19 97 at 9:21 o'clock A. M., and duly recorded in Vol. M97 of Mortgages on Page 22064.

Bernetha G. Letsch, County Clerk
By [signature]

FEE $5.00