363901

Submit this form and fee $10.00 per form, except Termination 42551

MTC 40934-KB

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

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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.

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A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: VOL M91 PG 11987 Date Filed: JUNE 24, 1991

B. TYPE OF AMENDMENT

XXXXXTERMINATION. **(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.**

C. DEBTOR NAME(S)

1. ASADURIAN, SAMUAL & ALICE

2. RODGERS, JAMES L. & MARY A.

3.

DEBTOR MAILING ADDRESS:

37815 MCCARTIE LANE
BONANZA, OR 97623

D. SECURED PARTY(ISS) NAME AND ADDRESS

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

Contact Name: TRACIE ARCHER Phone No.: (402) 691-6268

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.

NE1/4 NW1/4 SEC 16, AND SE1/4 SW1/4 SEC 9, ALL IN TOWNSHIP 39 SOUTH, RANGE 12 EAST, KLAMATH COUNTY, OR.

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

By: DIVERSIFIED FINANCIAL SERVICES, INC.

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 Amerititle the 1st day of August A.D., 19 97 at 11:53 o'clock A. M., and duly recorded in Vol. M97, of Mortgages on Page 24970.

FEE $5.00

Bernetha G. Letsch, County Clerk

By Kathleen Knox