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STATE OF OREGON
Corporation Division - UCC
Public Service Building
255 Capitol Street NE, Suite 151
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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.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: #11160 VOL M95 PG 35332 Date Filed: DECEMBER 28, 1995

B. TYPE OF AMENDMENT

XXXX☒ **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.**

'97 DEC -9 P2:41

C. DEBTOR NAME(S)

1. KRONENBERGER, JOHN
2.
3.

DEBTOR MAILING ADDRESS:
13673 SPRAGUE RIVER ROAD
CHILOQUIN, OR 97624

D. SECURED PARTY(IES) NAME AND ADDRESS

DIVERSIFIED FINANCIAL SERVICES, INC.
14010 FIRST NATL. BANK PKWY #205
OMAHA, NE 68154

Contact Name: TRACIE ARCHER Phone No.: 800-648-8026

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.

SE1/4 3-36S-12E,
KLAMATH COUNTY, OR

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

By:
By:
Secured Party(ies) Signature

By: DIVERSIFIED FINANCIAL SERVICES, INC.
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.
14010 FIRST NATL. BANK PKWY #205
OMAHA, NE 68154

Name:
Fax Number:

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 9th day of ~~December~~ A.D., 19 97 at 2:41 o'clock P M., and duly recorded in Vol. M97, of Mortgages on Page 39979.

FEE $5.00

Bernetha G. Letsch, County Clerk
By Kathleen Ross