## '98 - JAN 16- P1-125

51743 STATE OF OREGON VOLUME Page 1 STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS AND AMENDMENT

Real Property - Form UCC-3A
THIS FORM FOR COUNTY FILING OFFICER USE ONLY

			Fa Claire O	maralal Cada	<del></del>
This STATEMENT is presen	ted to the coun	ty filing officer pursuant to t	ne Uniomi Con	mercial Code.	
1A. Debtor Name(e): Nancy Barnes Coffin, Trus	stee	2A. Secured Party Name(a): The Travelers Insurance Co	ompany	4A. Assignee of Secured Party (if any):	
18. Debtor Malling Address(es): Route 1, Box 660F Klamath Fells, OR 97601		2B. Address of Secured Party fr security information is obtain One Towor Square - 1BP Hartford, CT 06183-2021	nable:	4B. Address of Auslignes:	
				C100100	
This statement refers to original Fin				filed: 6/28/88	· .
TERMINATION				externent bearing the file number shown abo	
ASSIGNMENT	statement bearing to	the flie number shown above in the f	ollowing property. (De		cing
CONTINUATION		ing statement bearing the file numbe Effective only if submitted within	aiv months need to ev	niration date.	
RELEASE	following: (describe	described in the financing statements below). Choose one	k bearing the file num Release of all collater	ber shown above, the Secured Party I heas	ses the S NOT
AMENDMENT	TERMINATE DEB	nt bearing the file number shown ab	ove is amended as de	scribed below:	
				financing statement or security agreement	96.4
financing statement under ORS Ch	apter 79.	By: The Travelers In	Required signal	S. C.	
1. PLEASE TYPE THIS FORM.	4 7	INSTRUCTIO	NS_		
a test a annua musicidad for any ba	m(a) on this form is ly filing officer. DO	inadequate, the item(s) should be c NOT STAPLE OR TAPE ANYTHII	ontinued on additiona VG TO THIS FORM.	sheets. Only one copy of such additional	sheats
	recorded with the co			els form cannot be filled with the Secretary o	of State.
		y filing officer will return the docume	nt to the party indical	ed. The printed termination statement below	w may bo
5. The RECORDING FEE must a	company the ducu	ment. The fee is \$5 per page.			
11			ation statement (below	w) until this document is to be terminated.	
			Recording Party		
Return to: (	name and address)		Recording Party	telephone number:	
TRAVELERS INSURAN ONE TOWER SQUARE HARTFORD, CT 06183- Attn:Lov. Admin. 202098	- 10PB -2030 I-0				
STATE OF OREGON: CO	OUNTY OF KLA	MATH: ss.		Karamatan dan Kabupatèn Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandar Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran Balandaran	
Filed for record at request	of	Travelers Insurance 8 at 1:25 o'cloc	k P. M., an	the 16th d duly recorded in Vol. M98	day
of January		Mortgages Octoo	on Page	<u> 1519</u>	
ppp 05 00		en i de se vertica de la compansión de la La compansión de la compa	By Att	neths G. Letsch, County Clerk	
FEE \$5.00		化二醇化氯 医抗性性坏疽 医复形	_,	The state of the s	