

Subsist this form and fee
\$10.00 per form, except Termination

73864

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. M99 Page 3460

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. VOL. M80 PG. 10073

Date Filed 6/29/83

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. _____

3. _____

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 -28F
Hartford, CT 06183-2021

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(s) Signature (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 Investment Group
One Tower Square 9PEA
Hartford, CT 06183-2030
Attn: D. Figueredo

#202098-0

Name: _____

Fax Number: _____

STATE OF OREGON : COUNTY OF KLAMATH: -ss

Filed for record at request of Ameritile
of January A.D., 1999 at 11:54 o'clock A. M., and duly recorded in Vol. M99
of Mortgages on Page 3460

FEE \$5.00

Linda Smith, County Clerk

by [Signature]

99 JAN 29 AM 1:54