		Vol. M02	_Page748
CC FINANCING STATEMENT AMENDME	AIT	State of Oregon,	County of Kla
LLOW INSTRUCTIONS (front and back) CAREFULLY	N I	Recorded 02/08/20 Vol M02, Pg 74	
NAME & PHONE OF CONTACT AT FILER [optional]		Linda Smith, Cour	
1ELISSA DAVIS 1-800-648-8026 09-356	67501		# of Pgs 2
SEND ACKNOWLEDGMENT TO: (Name and Address)			
DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, STE. 205 OMAHA, NE 68154			v
		PACE IS FOR FILING OF	FICE LISE ONLY
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING S	TATEMENT AMENDMENT
17880 VOL M96 PG 13679 KLAMATH CO., OR		LIFE DEAL COTATE OF	d] (or recorded) in the CORDS.
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of th	e Secured Party authorizing thi	s Termination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secur	ed Party authorizing this Cont	inuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	addrage of accionog in the		·
MENDMENT (DAOTY INCODING			
Iso check one of the following three boxes and provide appropriate information in	ilems 6 and/or 7.	one of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	so give new DELETE name: Give record na	me ADD name: Comp	ete item 7a or 7b, and also
CURRENT RECORD INFORMATION:	s) in item 7c. Leto be deleted in item 6a or 6b.	item 7c; also comp	lete items 7d-7g (if applical
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME			
60 INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
WINDER WEND			
CHANGED (NEW) OR ADDED INFORMATION: 78. ORGANIZATION'S NAME			
			1
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME CITY		
AILING ADDRESS			
AILING ADDRESS AX ID #. SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION			COUNTRY
AX ID # SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY	STATE POSTAL CODE	COUNTRY
AX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box.	CITY 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
17880 VOL M96 PG 13679 KLAMATH CO., OR 05-13-96

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

123. ORGANIZATIONS NAME
DIVERSIFIED FINANCIAL SERVICES, LLC

OR
12b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME, SUFFIX

13. Use this space for additional information
DEBTOR:
HILL, DALE R.
HILL, NANCY A.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

RECORD OWNER: LEWIS HILL

HILL, DAVID D. HILL, SANDRA A.

LEGAL DESC.:

E 1/2 NW 1/4 & W 1/2 NE 1/4 35-40S-10E; KLAMATH CO., OR