

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 06/13/2003 12:41 p.m.Vol M03 Pg 40431

Linda Smith, County Clerk

Fee \$ 21.00 # of Pgs 1

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Pam Nelson (916) 714-2240

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Stockmans Bank  
P.O. Box 1150  
Elk Grove, CA 95624

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE #

M99-42982

## 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

## 6. CURRENT RECORD INFORMATION:

## 6a. ORGANIZATION'S NAME

Nelson Family Trust, dated 12/4/89

## OR 6b. INDIVIDUAL'S LAST NAME

Nelson

## FIRST NAME

K. Mark

## MIDDLE NAME

## SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

## 7a. ORGANIZATION'S NAME

## OR 7b. INDIVIDUAL'S LAST NAME

## FIRST NAME

## MIDDLE NAME

## SUFFIX

## 7c. MAILING ADDRESS

12211 Pear Lane

## CITY

Wilton

## STATE

CA

## POSTAL CODE

95693

## COUNTRY

## 7d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

## 7e. TYPE OF ORGANIZATION

## 7f. JURISDICTION OF ORGANIZATION

## 7g. ORGANIZATIONAL ID #, if any

☐ NONE

## 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☒ and enter name of DEBTOR authorizing this Amendment.

## 9a. ORGANIZATION'S NAME

Stockmans Bank

SVP/CCO

## OR 9b. INDIVIDUAL'S LAST NAME

## FIRST NAME

## MIDDLE NAME

## SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

loan# 300800

KLAMATH CO