֓֟֝֟֝֟֝֟֝֓֓֓֟֟	CC FINANCING STATEMENT AMENDMEN CLLOW INSTRUCTIONS (front and back) CAREFULLY L NAME & PHONE OF CONTACT AT FILER (optional) KLAMATH COUNTY OR D. SEND ACKNOWLEDGMENT TO: (Name and Address) AMERITITLE 222 SOUTH SIXTH STREET KLAMATH FALLAS OR 97601	R V L	State of (Dregon 12/05/0 g 89 h. Cou	nty Clerk	th	}	
ı	L	_						
1:	NITIAL FINANCING STATEMENT FILE #		DOVE SPA	1b. This	R FILING OFFICE USE (FINANCING STATEMENT /		MENT is	
_	1996 NOV.20th in VOL M96 PAGE 365			A RE	e filed [for record] (or record AL ESTATE RECORDS.	-		
2 	A TERMINATION: Effectiveness of the Financing Statement identified above is			soured Par	ty authorizing this Termination			
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 assignes in item 7a or 7b and address of assignes 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 ADD name: Complete item 7a or 7b, and or 6b. Item 7c; also complete item 7a or 7b, and or 6b. CURRENT RECORD INFORMATION:								
	On ORGANIZATION'S NAME WESTERN BANK A DIVISION OF WASHINGTON		·					
O	66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	VAME	SUFF	iX .	
7.	CHANGED (NEW) OR ADDED INFORMATION:							
7a. ORGANIZATION'S NAME								
ĢI	75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	VAME	TSUFF	ix	
_								
70	MAILING ADDRESS	сту		STATE	POSTAL CODE	COUN	ITRY	
7d	TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZATIO		74 000	WIZATIONAL ID #, if any			
	ORGANIZATION DEBTOR		"	rg. Ones	THE PARTY OF THE PROPERTY OF T	г	NONE	
	AMENDMENT (COLLATERAL CHANGE): check only one box.	<u>. </u>					TIME	
Describe collected or edded, or give entire restated collecteral description, or describe collecteral essigned. LN#0049931561 (PURGED LOAN) NEAL C AND YOLANDA L BUCHANAN PROP: 2825 WANTLAND KLAMATH FALLS OR 97603								
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 collected or adds the authorizing Debtor, or if this is a Temperative authorized by a Debtor which								
i	adds colleteral 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. Sec. ORGANIZATION'S NAME							
WASHINGTON MUTUAL BANK								
OH!	96. INDIVIDUAL'S LAST NAME	FIRST NAME	ין	MIDDLE N	AME	SUFFD	(
10	OPTIONAL FILER RESERVACE DATA							

A FILING OFFICER COPY NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/96)