FOL	CC FINANCING STATEMENT AND LOW INSTRUCTIONS (Front and back) CAREFULL NAME & PHONE OF CONTACT AT FILER (optional)	<u> Y</u>	Vol M04 Pg	egon, County of Klam 1/15/2004 <u>\$ 2 2 0</u> 2419-20 County Clerk # of Pgs 2	nath m		
в. s	SEND ACKNOWLEDGMENT TO: (Name and Addre	es)	100 <u>20</u>				
L	L		THE ABOVE SPAC	E IS FOR FILING OFFICE U			
-	INITIAL FINANCING STATEMENT FILE #	03/13/2001		1b. This FINANCING STATEME to be filed [for record] (or rec			
	TERMINATION: Effectiveness of the Financing States		o security interest(s) of the Se	REAL ESTATE RECORDS.	ation Statemer		
3.	CONTINUATION: Effectiveness of the Financing Sta	tement identified above with respect to security					
	continued for the additional period provided by applicab						
4.	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 of Debtor of Debtor of Lection 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.						
F	CHANGE name and/or address: Please refer to the detailed in regards to changing the name/address of a party.		e record name	ADD name: Complete item 7a or also complete items 7e-7g (frasp	7b, and also iter		
6. (CURRENT RECORD INFORMATION. Debto:				10.00.01		
	6a. ORGANIZATION'S NAME						
OR	6b. INDIVIDUAL'S LAST NAME	rties, Inc.		MIDDLE NAME	SUFFIX		
	O. HOVIDORE O ENGINANTE						
7. 0	CHANGED (NEW) OR ADDED INFORMATION:	l					
	7a. ORGANIZATION'S NAME						
OR		I I I I I I I I I I I I I I I I I I I			Loursin		
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX		
	<u></u>	CITY		STATE POSTAL CODE	COUNT		
7c.	MAILING ADDRESS						
7c.	MAILING ADDRESS						
	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ORGANIZATION 71. JURISDICTION OF	ORGANIZATION	7g. ORGANIZATIONAL ID#, If an	_		
7d.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only	one box.		7g. ORGANIZATIONAL ID #, If an	_		
7d.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	one box.		7g. ORGANIZATIONAL ID #, If an	y		

CSC ID:209705 OR-Klamath County 387295 -230

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

10, OPTIONAL FILER REFERENCE DATA

UCC Termination Debtor: LTC Properties, Inc. (Linkville House)

U(CC FINANCING STATEM LLOW INSTRUCTIONS (front and back	JENTAMENDMI	ENT ADDENDUM			
11.	INITIAL FINANCING STATEMENT FILE Of the MOI, Page 9986	ILE # (same as item 1s on Amer 03/13/2001	ndment form)			
	NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Bank of the West (successor to United California Bank, fka "Sanwa Bank California")					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.	Use this space for additional information	on				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtors LTC Properties, Inc.