

State of Oregon, County of Klamath  
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 Vol M05 Pg 17702-3  
 Linda Smith, County Clerk  
 Fee \$ 26.00 # of Pgs 2

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

MELISSA DRUEPPEL 1-800-648-8026

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

RY  
 DIVERSIFIED FINANCIAL SERVICES, LLC  
 14010 FNB PKWY, STE. 205  
 OMAHA, NE 68154

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

/ VOL M00 PG 2584 KLAMATH CO., MI 01-25-00

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

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME 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 CITY STATE POSTAL CODE 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.

SEE ATTACHED ADDENDUM

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

DIVERSIFIED FINANCIAL SERVICES, LLC

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

009-0067820-001 STEWART, DAVID PAUL; STEWART, TERI

17703

# **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

**11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)**

**VOL M00 PG 2584 KLAMATH CO., MI 01-25-00**

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

12a. ORGANIZATION'S NAME

**DIVERSIFIED FINANCIAL SERVICES, LLC**

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

**13. Use this space for additional information**

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

## **DEBTORS:**

**STEWART, DAVID PAUL; STEWART, TERI**

## **LEGAL DESC.:**

**W 1/3 SE 1/4, S 1/3 NW 1/4, SW 1/4 SEC. 13 T39S R11 1/2 E, KLAMATH CO., OR**