

2012-003978

Klamath County, Oregon



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04/17/2012 08:55:46 AM

Fee: \$42.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

1-800-648-8026 Kelli Flaspohler

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

DIVERSIFIED FINANCIAL SERVICES, LLC  
14010 FNB PKWY, STE. 400  
OMAHA, NE 68154

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1a. INITIAL FINANCING STATEMENT FILE #**

2006-024634 KLAMATH COUNTY, OR 12/13/2006

**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
	O'CONNOR	BRIAN		

**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
				<input type="checkbox"/> 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**

DIVERSIFIED FINANCIAL SERVICES, LLC.

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

**10. OPTIONAL FILER REFERENCE DATA**

009-0124174-002 O'CONNOR TERM

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

**2006-024634 KLAMATH COUNTY, OR 12/13/2006**

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

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**DEBTORS: O'CONNOR, BRIAN: O'CONNOR, LORI**

**RECORD OWNERS: EDMOND O'CONNOR: BARRY O'CONNOR: RUTH O'CONNOR**

**LEGAL DESC.: LOTS 300, 3, 2, SECTION 8, T41S R11E, KLAMATH COUNTY, OR**