	2012-004893 Klamath County, Oregon
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	0011787820120004893002

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05/10/2012 09:54:57 AM

Fee: \$42.00

TOLEGAN INCOME (HOME and Society of the	· • · · · · · · · · · · · · · · · · · ·
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Phone (800) 331-32	282 Fax (818) 662-414
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address	s) 14413 UMPQUA BANK
CT Lien Solutions	33098416
P.O. Box 29071	0000
Glendale, CA 91209-9071	OROR
, ,	FIXTURE
	-112-11

<u> </u>		THE ABOVE	SPACE IS FOR FI	ILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE # 2007-019921 11/26/07 CC OR Klamath			x to be filed [for	CING STATEMENT AMENDA or record] (or recorded) in the TE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with resp	pect to security interest(s) of the	e Secured Party aut	thorizing this Termination St	atement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to the sec	curity interest(s) of the Secured	l Party authorizing t	his Continuation Statement	is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assi	gnee in 7c; and also give n	name of assignor	in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects X D	ebtor or Secured	Party of record. Check only <u>on</u>	e of these two boxe	3S.	
Also check <u>one</u> of the following three boxes a <u>nd</u> provide appropriate info CHANGE name and/or address: Give current record name in item 6a or 6b; all iname (if name change) in item 7a or 7b and/or new address (if address change)	so give new 🗂 DE	l/or 7. ELETE name: Give record name be deleted in item 6a or 6b,		ne: Complete item 7a or 7b. a also complete items 7d-7g (if	
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR		m		laus	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUF	FIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
OR	EIDOT NAME		MIRRI E MANE		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME HEIDI		MIDDLE NAME	SUF	FIX
GORDEN			07175 00074	V 0005	JNTRY
7c. MAILING ADDRESS 24444 HWY 70	BONANZA		STATE POSTA OR 9762		
7d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION O		7g. ORGANIZATIO		
ORGANIZATION DEBTOR			<u>.</u>	[NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one_box. Describe collateral deleted or added, or give entire restated collateral.	•				
DONTOR Stanley, Gorden	Heim	ILIN DOSS			
24494) (% - 11	1107, 200	•		
Debtors: Stanley; Gorden; Hamilton, 2005 24444 Huy 70 Bonanza, OR 97633					
Binanza, OR O	17623				
2	_				
Secured Party: Umqua POBO	Beink			·	
Rosebu	rg, OR	97470			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	DMENT (name of assign	or, if this is an Assignment), If			vhich
9a. ORGANIZATION'S NAME Umpqua Bank	. Dy a Dabter, Greek Hele		er can remaining time i		

FIRST NAME

SUFFIX

MIDDLE NAME

10. OPTIONAL FILER REFERENCE DATA
33098416 Debtor Name: STANLEY, GORDEN 68797126 DOC PREP FEE

ÓR

9b. INDIVIDUAL'S LAST NAME

					NT ADDENDUM
_				ack) CAREFULLY (same as item 1a on Ame	endment form)
		11/26/07			•
12. 1	NAME of PARTY	AUTHORIZING	THIS AMENDA	MENT (same as item 9 on An	nendment form)
•	12a. ORGANIZ Umpqua Ban	ZATION'S NAME nk	12.0		
OR	12b. INDIVIDU	JAL'S LAST NAMI	6	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this spac	e for addition	al information	<u> </u>	

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__ Description: SEE ABOVE