## **RECORDING COVER SHEET** (Please print or type)

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

**AFTER RECORDING RETURN TO:** ORS 205.234(1)(c)

First Mutual Bank Po Box 1647 Belleville, wa 98009

## 2012-009032 Klamath County, Oregon



08/16/2012 09:44:07 AM

Fee: \$42.00

L. TITLES(S) OF THE TRANSACTION(S)		ORS 205.234(1)(a)
UCC Continuation		
DIDECT DARTY/IFC) / CDANTOD(C)		ODC 205 224(1)/h)
:	AME(S) & ADDRESS(ES)	ORS 205.234(1)(b)
Donard Moore		
Jinnie Moore	****	
PO BOX 203		
Chiloquin, OR 971624		
3. INDIRECT PARTY(IES) / GRANTEE(S)	AME(S) & ADDRESS(ES)	ORS 205.234(1)(b)
First Mutual Bank		· // /
PO BOX 1647		
Bellevine, WA 98009		
perfected, were receipt		
4. TRUE and ACTUAL CONSIDERATION	5. SEND TAX STATEMENTS T	O: ORS 205.234(1)(e
Amount in dollars or other value/property OR\$ 205.234(1)(d)		
\$ Other Value Other Property		
Other value/property is <b>Whole</b> or <b>Part</b> of the consideration		
6. SATISFACTION of ORDER or WARRANT	7. The amount of the moneta	•
Check one if applicable: ORS 205.234(1)(f)	imposed by the order or war	rant: ORS 205.234(1)(f)
FULL PARTIAL	\$	
8. If this instrument is being Re-Recorded, comple	ate the following statement:	ORS 205.244(2)
Re-recorded at the request of	ete the following statement.	ORS 203.244(2)
•		
to correct	. pre	viously recorded in
Book/Volume and Page , or a	as Fee Number	

MOORE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  FIRST NAME  TO INDIVIDUAL'S LAST NAME  FIRST NAME  TO INDIVIDUAL'S LAST NAME  FIRST NAME  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  FIRST NAME  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAS	4 F		(front and back) CA					
FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  OBJ 16.7 TO 19.7 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  OBJ 26.5 S2437  OBJ/16/2002  TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(e) of the Secured Party submirizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignce in item 7a or 7b and address of assignce in item 7c, and also give name of assignce in item 8a.  ARSIGNMENT (full or partial): Give name of assignce in item 7a or 7b and address of assignce in item 7c, and also give name of assignce in item 8a.  ARSIGNMENT (full or partial): Give name of assignce in item 7a or 7b and address of assignce in item 7c, and also give name of assignce in item 9a.  ARE DIRECT (full or partial): Give name of assignce in item 7a or 7b and address of assignce in item 7c, and also give name of assignce in item 9a.  ARISO Check one of the following three boxes and provide appropriate information in items 6 android 7.  CHANGE rame and/or address: Please refer to be detailed instructions  CHANGE rame and/or address: Please refer to be detailed instructions  CHECK TO INFORMATION:  To a propriete item 7a or 7b and abortion in item 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in items 6a or 6b.  CHECK TO INFORMATION:  To a provide appropriate information in i			-	•				
PO BOX 1647  BELLEVUE, WA 98009    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   Initial Financing Statement File #   10. The Financing Statement dentified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement continued from the additional period provided by applicable law.   CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable law.   ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and additions of assignee in item 7c, and also give name of assigner in item 8.   AMENDMENT (FARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes. Also one of the following three boxes and provided appropriate information in items 8 and additional period provided by applicable law.   CHANGE rame and/or address: Plasare effer to the detailed instructions   Debtor or   Debtor or   Debtor or   ADD rame Complete from 7a or 7b and absolitem   Interest (and or 7b)   The Amendment of the detailed instructions   Debtor or   Debtor or   Debtor or   ADD rame Complete from 7a or 7b and also litem   Interest   Change of the set was boxes.   Debtor or   Debtor or   Debtor or   ADD rame Complete from 7a or 7b and also litem   Interest   Change of the set was boxes.   Debtor or   Debtor or   ADD rame Complete from 7a or 7b and also litem   Interest   Debtor or   Debtor or   ADD rame Complete from 7a or 7b and also litem   Interest   Debtor or   ADD rame Complete from 7a or 7b and also litem   Interest   Debtor or   Debtor								
BELLEVUE, WA 98009  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  OD:: M02 PG: 52437  009/16/2002  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  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.  AMENDMENT (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.  AMENDMENT (Full 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.  AMENDMENT (Full 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.  AMENDMENT (Full 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.  AMENDMENT (Full partial): Give name of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (Full partial): Give name of assignee in item 7c; and also give name of assignor in item 9.  CHARGE name and/or address. Please refer to the detailed instructions in items 8 and/or 7.  CHARGE name and/or address. Please refer to the detailed instructions in items 8 and/or 7.  CHARGE name and/or address. Please refer to the detailed instructions in items 8 and or 7b.  CHARGE name and/or address. Please refer to the detailed instructions in items 8 and or 7b.  CHARGE name and/or address. Please refer to the detailed instructions in items 8 and or 7b.  CHARGE name and/or address. Please refer to the detailed instructions in items 7c; and also give record. Check only gig of these two boxes.  AMENDMENT (COLLATERAL CHANGE): CHORANTON:  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  MIDDL		FIRST MUT	TUAL BANK					
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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 w	· · · · · · · · · · · · · · · · · · ·	MOORE HANGED (NEW) OR AD 7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST MAILING ADDRESS SEEINSTRUCTIONS MENDMENT (COLLA escribe colleteral dela DDITIONAL DE	ADD'L INFO RE   7e. ORGANIZATION   DEBTOR   TERAL CHANGE): c ated or a steel	TYPE OF ORGANIZATION  heck only one box.  give entire	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION  Alescription, or describe collateral. assign	STATE 7g. ORG	POSTAL CODE  ANIZATIONAL ID #, if a	COUNTR
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.	· · · · · · · · · · · · · · · · · · ·	MOORE  HANGED (NEW) OR AD  7a. ORGANIZATION'S NO  7b. INDIVIDUAL'S LAST  MAILING ADDRESS  SEEINSTRUCTIONS  MENDMENT (COLLA escribe colleteral	ADD'L INFO RE TO ORGANIZATION DEBTOR TERAL CHANGE): cated or the added, or the added to the authorizing Debtor, or if	TYPE OF ORGANIZATION  heck only one box.  give entire	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION  Alescription, or describe collateral. assign	STATE 7g. ORG	POSTAL CODE  ANIZATIONAL ID #, if a	COUNTR
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	C R	MOORE  HANGED (NEW) OR AE  7a. ORGANIZATION'S N.  7b. INDIVIDUAL'S LAST  MAILING ADDRESS  MENDMENT (COLLA escribe colleteral dela  DDITIONAL DE  MAME OF SECURED I  dds colleteral or adds the a  9a. ORGANIZATION'S N.	ADD'L INFORE 76. ORGANIZATION DEBTOR  TERAL CHANGE): c atad or added, or BTOR: MOOR	TYPE OF ORGANIZATION  heck only one box.  give entire	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION  Alescription, or describe collateral. assign	STATE 7g. ORG	POSTAL CODE  ANIZATIONAL ID #, if a	countre
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	R	MOORE  HANGED (NEW) OR AD  7a. ORGANIZATION'S N.  7b. INDIVIDUAL'S LAST  MAILING ADDRESS  MENDMENT (COLLA escribe colleteral delu  DDITIONAL DE  MAME OF SECURED I  dds colleteral or adds the a  9a. ORGANIZATION'S N.  FIRST MUT	ADD'L INFO RE TO ORGANIZATION DEBTOR  TERAL CHANGE): control of the control of th	TYPE OF ORGANIZATION  heck only one box.  give entire	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION  description, or describe collateral. assign  assign  NDMENT (name of assignor, if this is an Assign and enter name of I	STATE  7g. ORG/	an Amendment authorizing this Amendment.	zed by a Debtor with 7/25/201