

2013-003936

Klamath County, Oregon

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



00134223201300039360020022

04/15/2013 10:00:08 AM

Fee: \$42.00

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

FIRST MUTUAL SALES FINANCE

PO BOX 1647

BELLEVUE, WA 98009

1. TITLES(S) OF THE TRANSACTION(S)

ORS 205.234(1)(a)

UCC FINANCING STATEMENT AMENDMENT

2. DIRECT PARTY(IES) / GRANTOR(S)

NAME(S) & ADDRESS(ES)

ORS 205.234(1)(b)

CRISP, MARK O.

119 Ozmar, Gilchrist, OR 97737

CRISP, PEGGY L.

119 Ozmar, Gilchrist, OR 97737

3. INDIRECT PARTY(IES) / GRANTEE(S)

NAME(S) & ADDRESS(ES)

ORS 205.234(1)(b)

FIRST MUTUAL BANK

PO BOX 1647 BELLEVUE, WA 98009

4. TRUE and ACTUAL CONSIDERATION

Amount in dollars or other value/property ORS 205.234(1)(d)

\$ ☐ Other Value ☐ Other PropertyOther value/property is **Whole** ☐ or **Part** ☐ of the consideration**5. SEND TAX STATEMENTS TO:** ORS 205.234(1)(e)**6. SATISFACTION of ORDER or WARRANT**

Check one if applicable: ORS 205.234(1)(f)

☐

FULL

☐

PARTIAL

7. The amount of the monetary obligation**imposed by the order or warrant:** ORS 205.234(1)(f)

\$

8. If this instrument is being Re-Recorded, complete the following statement:

ORS 205.244(2)

Re-recorded at the request of

to correct

previously recorded in

Book/Volume and Page , or as Fee Number

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] LOAN SERVICING 800-775-8015	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL SALES FINANCE PO BOX 1647 BELLEVUE, WA 98009	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 2008-007882		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S LAST NAME CRISP	FIRST NAME MARK	MIDDLE NAME O.
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
7c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY
7d. <u>SEE INSTRUCTIONS</u>	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 <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.			

ADDITIONAL DEBTOR: CRISP, PEGGY L.

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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME FIRST MUTUAL BANK			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
		SUFFIX	

10. OPTIONAL FILER REFERENCE DATA

DEBTOR: CRISP 51-109946-02

KLAMATH, OR \$42