2014-000328 Klamath County, Oregon

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Fee: \$52.00

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01/14/2014 09:24:57 AM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	-
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14413 - UMPQUA BANK
CT Lien Solutions P.O. Box 29071	41325950
Glendale, CA 91209-9071	OROR
1	FIXTURE
File with: Klamath, OR	
19 INITIAL FINANCING STATEMENT OF CARIMODO	

THE ABOVE	SPACE IS	FOR FILING	OFFICE USE	ONL
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File With: Klamath, OR	IHE A	BOVE SPACE IS FOR FILING OFFI	CE USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINAN	CING STATEMENT AMENDMENT is to be	filed [for record]
2010-010014 8/23/2010 CC OR Klamath	(or records Filer: <u>attach</u>	d) in the REAL ESTATE RECORDS Amendment Addendum (Form UCC3Ad) and provi	de Debtor's name in item 1
 TERMINATION: Effectiveness of the Financing Statement iden Statement 			
ASSIGNMENT (full or partial): Provide name of Assignee in iter For partial assignment, complete items 7 and 9 and also indicate the second sec	n 7a or 7b, <u>and</u> address of Assignee in item 7c at te affected collateral in item 8	and name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above with respect to the security interest	(s) of Secured Party authorizing this Continu	uation Statement is
PARTY INFORMATION CHANGE:			
Check one of these two boxes:	D Check one of these three boxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c		name: Give record name leted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informati	on Change - provide only one name (6a or 6b)		
6a. ORGANIZATION'S NAME			
S.O.S. PROPERTIES			
R 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	information Change - provide only one name (7a or 7h) (use	every full name; do not omit modify, or abbroviate and a	et of the Dichtor's name)
7a. ORGANIZATION'S NAME	The state of the s	exact, tall liams, do not other, mounty, or addreviate any pa	art of the Deckor's name)
T. AUGUSTINA			
7b. INDMIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME		<i></i>	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	1 1		SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxe	es: ADD collateral DELETE collate	ral RESTATE covered collateral	ASSIGN collate
Indicate collateral: ebtor Name and Address: O.S. PROPERTIES - PO BOX 1684 , ALTURAS, CA 96		KESTATE WATCHES CONTROLLERS	E ASSIST WHATE
ecured Party Name and Address: mpqua Bank - PO Box 1820 , Roseburg, OR 97470			
l Fixtures; whether any of the foregoing is owned now o	r acquired later; all accessions, addition	s, replacements, and substitutions r	elating to any of th
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here	STHIS AMENDMENT: Provide only one name and provide name of authorizing Debtor	e (9a or 9b) (name of Assignor, if this is an As	signment)
9a. ORGANIZATION'S NAME			
Umpqua Bank			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S	SUFFIX
OPTIONAL FILER REFERENCE DATA: Debtor Name: S.O.S	i. PROPERTIES		
325950 PAYOFF		68894424	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS	II ADDLINDOM		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A	mendment form	1	
2010-010014 8/23/2010 CC OR Klamath			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form	1	
12a, ORGANIZATION'S NAME		1	
Umpqua Bank			
		4.	
CR			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME	•••		
		4 (/ >	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	Y. 1 / 1	
		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Deb one Debtor name (13a or 13b) (use exact, full name; do not omit, modify,	tor of record required for indexing	purposes only in some filing offices - see Instruction iter	n 13): Provide only
13a. ORGANIZATION'S NAME	G abbreviate any part of the Dep	ur s name), see instructions it name does not lit	
S.O.S. PROPERTIES			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	I ADOCTONIA MANGOLOGICA	T*****
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TING I PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
foregoing; all records of any kind relating to any of the foregoing	r all proceeds relating to an	y of the foregoing (including insurance, gener	al intangibles
15. This FINANCING STATEMENT AMENDMENT:	Tay Decision		
——————————————————————————————————————	led as a fixture filing N/A	ion of real estate:	
18. MISCELLANEOUS: 41325950-OR-35 14413 - UMPQUA BANK Un	mpqua Bank	File with: Klamath, OR PAYOFF 68894424	

CC FINANCING STA	TEMENT ADDENDU	VI		
	or 1b) ON RELATED FINANCING S	TATEMENT		
No. ORGANIZATION'S NAME				
S.O.S. Properties				
DE INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE HAME, SUFFIX		
19. 11011100120 20111111				
. MISCELLANEOUS:				
	*			
	•		* (A	-
			4 " / P	P
			THE ABOVE SPACE IS FOR FILING OFF	FICE USE ONLY
ADDITIONAL DEBTOR'S EX	ACT FULL LEGAL NAME - Insert only o	ne name (11a or 11b) - do nol abbre	Viete or consolité hames	
		- 49 - 1		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	IMPOLE NAME	SUFFIX
E. MAILING ADDRESS		спу	STATE POSTAL CODE	COUNTRY
			ANIZATION (19, ORGANIZATIONAL ID 8. II	lens.
ORGA	NFO RE 116. TYPE OF ORGANIZATION	111, JURISOICTION OF ORG	IN ORGANIZATION IN	_
ADDITIONAL SECURED		/P'S NAME - Insert only one name		
12a, ORGANIZATION'S NAME		IFIRST NAME	INICOLE NAME	SUFFIX
128. INDIVIDUAL S DAST INVANE				COUNTRY
. MAILING ADDRESS		ату	STATE POSTAL CODE	COUNTRI
This FINANCING STATEMENT COV colleters, or is filed as a		d 16. Additional colleteral descri	(Mont)	
. Description of real estate:				
Parcel 1: Lot 7 and the	North 25 feet of Lot 6 in	~ \		
Block 29 of Town of I	Vierrill, according to the			
official plat thereof or	file in the office of the	- 4		
County Clerk of Klam	th County, Oregon.			
Parcel 2: Lot 5 and the	South 37.5 feet of Lot 6			
	of Merrill, according to	N //		•
the official plat there	of on file in the office of			
he County Clerk of K	lamath County, Oregon.			
no county are not to				
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	WANER of above-described real estate (if			
Debtor dose not have a record inte	mex t.	1		
· ·				
	•	17. Check only if applicable a	and check <u>only</u> one box.	_
		Debtoris s Trust or	Trustee acting with respect to property held in trust	er Decedent's E
		15. Check only if applicable		
		Debtor is a TRANSMITTI		
		11 1	Menufactured-Home Transaction	
		Filed to connection was a	I Indianata and anti-	