2014-007355

Klamath County, Oregon 07/14/2014 02:44:43 PM

Fee: \$57.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	<u> </u>	1		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
89051247 - 306770	\neg			
Corporation Service Company	•			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Oregon			
<u> </u>	(Klamath)	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2012-007206 06/29/2012		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> provide Debto	-
2. TERMINATION: Effectiveness of the Financing Statement identifits Statement	ed above is terminated v	vith respect to the security interes	st(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af			f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	tified above with respect	to the security interest(s) of Secu	ured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND CH	heck one of these three bo		0 14 % DELETE	
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	ra or 7b <u>and</u> item 7c ADD nam 7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete item and item 7c DELETE name: to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAMECarleton Farms "debtor"	on Change - provide only	one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	v Information Change - provide	only one name (7a or 7h) (use exact full na	me: do not omit modify or abbreviate any part of	of the Dehtor's name)
7a. ORGANIZATION'S NAME	, memanan anango promas	on) <u>one</u> hane (74 or 15) (450 ones), han ha	mo, so not simi, mostly, or abbreviate any partic	Tano Bobiot o Hamo,
OR THE INDIVIDUAL IS SUBMANT.				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T	THIS AMENDMENT: F	Provide only one name (9a or 9h) (r	same of Assignor if this is an Assignme	ent\
	provide name of authorizing		latile of Assignor, it this is all Assignme	, itc
9a. ORGANIZATION'S NAMEWashington Federal succe	ssor by merger/	acquisition to South V	alley Bank & Trust	
OB				
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Carleton F	arms "debtor"-3	350-606-417028-8	'	89051247

I South Valley Bank & Trust Commercial Branch P O Box 5210 Klamath Falls, OR 97601	·		PM	Fee: \$47.00
L	THE ABOVE S	PACE IS FO	R FILING OFFICE US	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o. 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names			
Carleton Farms			····	
15. INDIVIDUAL'S LAST NAME	FIRST NAME	WIDDLE	NAME	SUFFIX
MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
330 N. Main St	Merrill	OR	97633	
ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Partnership	1f. JURISOICTION OF ORGANIZATION OR	Tig. ORG	ANIZATIONAL ID #, if any	иои 🔀
2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME	M/ODLE	NAME	SUFFIX
SEE INSTRUCTIONS ADD'I. INFO RE 20. TYPE OF ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION			
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S 3a, ORGANIZATION'S NAME	S/P) - insert only one secured party name (3a or 3b)		
South Valley Bank & Trust 3b. INDIVIDUAL'S LAST NAME	IFIRST NAME	IMIDDLE I	IANAT.	SUFFIX
30. INDIVIDUAL S LAST NAME	PIRST NAME	MIDDLE	AY(A)C	SUFFIX
MAILING ADDRESS O Box 5210	сіту Klamath Falls	STATE	97601	COUNTRY
This FINANCING STATEMENT covers the following collateral:				

All Debtors

7, Check to REQUEST SEARCH REPORT(S) on Debtor(s)

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL lift applicable)

8. OPTIONAL FILER REFERENCE DATA

ATEMENT				
MIDDLE NAME, SUFFIX				
	THE ABOVE	SPACE	IS FOR FILING OFFICE	E USE ONLY
name (11a or 11b) - do not abbre	/iate or combine name	s		
		I.uss: -	NAME	eneery.
FIRST NAME		WIDDIE	NAME	SUFFIX
CITY		STATE	IPOSTAL CODE	COUNTRY
John T.		"""		
11f. JURISDICTION OF ORGA	ANIZATION	11g. OR(I GANIZATIONAL ID #, If any	
'S NAME - Insert only one name	(12a or 12b)	<u>' </u>		
FIRST NAME		MIDDLE	NAME	SUFFIX
		CTATE	Inortal cont	COUNTRY
CITY		SIAIE	POSTAL CODE	COGIVIK
	ption:			1
17. Check <u>only</u> if applicable an	d check <u>only</u> one box.			
17. Check <u>only</u> if applicable an Debtor is a Trust or	rustee acting with res	pect to pro	operty held in trust or	Decedent's E
17. Check only if applicable an Debtor is a Trust or 18. Check only if applicable an	rustee acting with rest d check <u>only</u> one box.	pect to pro	operly held in trust or	Decedent's E
17. Check <u>only</u> if applicable an Debtor is a Trust or	rustee acting with res _t d check <u>only</u> one box. G UTILITY			Decedent's E
	FIRST NAME CITY 11f. JURISDICTION OF ORGA 'S NAME - Insert only one name FIRST NAME CITY 16. Additional collateral descri	THE ABOVE name (11a or 11b) - do not abbreviate or combine name FIRST NAME CITY 11f. JURISDICTION OF ORGANIZATION S NAME - Insert only one name (12a or 12b) FIRST NAME CITY 16. Additional collateral description:	THE ABOVE SPACE name (11a or 11b) - do not abbreviate or combine names FIRST NAME MIDDLE CITY STATE 11f. JURISDICTION OF ORGANIZATION 11g. ORG 'S NAME - Insert only one name (12a or 12b) FIRST NAME MIDDLE CITY STATE 16. Additional collateral description:	THE ABOVE SPACE IS FOR FILING OFFICE name (11a or 11b) - do not abbreviate or combine names FIRST NAME CITY STATE POSTAL CODE 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any S NAME - Insert only one name (12a or 12b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE 16. Additional collateral description:

EXHIBIT "A" LEGAL DESCRIPTION

Property in Klamath County, Oregon known as

R-4010-03600-00400 Helen Carleton property

R-4010-03600-00201 "Kandra" property

R-4011-03100-00300 "Kandra" property

R-4011-03100-00401 "Kandra" property

R-4110-00100-00700 "Garrity" property

R-4111-01100-00300 "Meeks" property

R-4011-00200-01700

R-4110-00100-00800