2015-012150

Klamath County, Oregon



UCC FINANCING STATEMENT AMENDMENT

11/06/2015 08:51:05 AM

JCC FINANCING STATEMENT AMEND	MENT	11/00	5/2015 08:51:05 AM		Fee: \$42.0
OLLOW INSTRUCTIONS		7			
A. NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 800-775-8015					
B. E-MAIL CONTACT AT FILER (optional)		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
FIRST MUTUAL SALES FINANCE	-				
•	1				
PO BOX 1647					
BELLEVUE, WA 98009		TUE 4 DOV	SPACE IS FOR FILING		
a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S	TATEMENT AMENDMENT	is to be filed [for re	
OL: M0375887 10/13/2003		Filer <u>attach</u> Amendm	REAL ESTATE RECORDS ent Addendum (Form UCC3Ad)	and provide Debtor	
✓ TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is terminated v	vith respect to the security	interest(s) of Secured Party	authorizing this T	Fermination
ASSIGNMENT (full or partial): Provide name of Assignee in ite			name of Assignor in item 9		
CONTINUATION: Effectiveness of the Financing Statement id	entified above with respect	to the security interest(s)	of Secured Party authorizing	g this Continuation	Statement is
continued for the additional period provided by applicable law					
PARTY INFORMATION CHANGE: Check one of these two boxes: AND	Check one of these three be	oxes to:			
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: CompleteAl	DD name: Complete item	DELETE name: G	Give record name
CURRENT RECORD INFORMATION: Complete for Party Information			os 70, <u>one</u> tem 70	To be deleted in ite	an oa or ob
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME	(\$)/INITIAL(\$)	SUFFIX
GRAVITT	MINNII			(-,	
CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - provide	only one name (7a or 7b) (use exa	t full name: do not omit modify or	abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , , ,	/		, , ,	
7b. INDIVIDUAL'S SURNAME			,		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL (CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered colli	ntoral DAS	2010N selleterel
	ADD collateral	DELETE CONSTENSI	RESTATE covered con	aterai AS	SSIGN collateral
Indicate collateral: ADDITIONAL DEBTOR: JUANITA, MARTEI	Τ.				1
DEFICION DEDICAL GOVERNMENT OF THE PROPERTY OF	1				
NAME OF SECURED PARTY OF RECORD AUTHORIZING			9b) (name of Assignor, if thi	s is an Assignment	t)
If this is an Amendment authorized by a DEBTOR, check here and and 9a. ORGANIZATION'S NAME	d provide name of authorizing	ng Debtor	· · · · · · · · · · · · · · · · · · ·		
FIRST MUTUAL BANK				09/21/2015	
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	N11 /	(S)/INITIAL(S)	SUFFIX
			3		301117
OPTIONAL FILER REFERENCE DATA:				· ·	<u> </u>
EBTOR: GRAVITT, 51-110835-04			KLAMATH	OR \$42.0	00