-		تنصت	

## 2017-014650 Klamath County, Oregon

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0021516320	1001403000	3030	

ICC FINANCING STATEMENT A	MENDMENT	12/27/2017 08:	48:43 AM 	Fee: \$52.00
OLLOW INSTRUCTIONS		1		
A. NAME & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Fax: (818) 662-414	nal) 11			
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@	Dwolterskluwer.com	<u> </u>		
C. SEND ACKNOWLEDGMENT TO: (Name and Add				
Lien Solutions	62012889			
P.O. Box 29071 Glendale, CA 91209-9071	OROR			
1	FIXTURE			
File with: Klamath, O	R	THE ABOVE SPACE	IS FOR FILING OFFICE US	or record
a. INITIAL FINANCING STATEMENT FILE NUMBER 2008-001381 2/4/2008 CC OR Klamath		(or recorded) in the REAL ES	um (Form UCC3Ad) and provide Debt	or's name in item 13
2. TERMINATION: Effectiveness of the Financing St	atement identified above is terminated wi	h respect to the security interest(s) of	Secured Party authorizing this To	ermination
Statement  B. ASSIGNMENT (full or partial): Provide name of As	ssignee in item 7a or 7b, and address of A	Assignee in item 7c <u>and</u> name of Assig	nor in item 9	
For partial assignment, complete items 7 and 9 are  1. CONTINUATION: Effectiveness of the Financing 5	III SISO MUICALE SHECKES CONSTRUM IN THE	-		Statement is
<ol> <li>CONTINUATION: Effectiveness of the Financing scontinued for the additional period provided by ap</li> </ol>	plicable law	, , , , , , , , , , , , , , , , , , , ,		
5. PARTY INFORMATION CHANGE:	AND Check one of these three b	oxes to:		
Check one of these two boxes:  This Change affects Debtor or Secured Party or	CHANGE name and/or	address: Complete ADD name:		: Give record name i item 6a or 6b
This Change affects Debtor or Secured Pany 6.  6. CURRENT RECORD INFORMATION: Complete for F				
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
NYBACK-SMITH	SANDRA		LUCILLE	
7. CHANGED OR ADDED INFORMATION: Complete for A	ssignment or Party Information Change - provide on	ly one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b, INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				SUFFIX
INDIVIDUAL S ADDITIONAL POURLO (IIII III = (0)				COUNTRY
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COONTRY
			STATE covered collateral	ASSIGN collateral
S COLLATERAL CHANGE: Also check one of	these four boxes: ADD collateral	DELETE collateral  ☐ RE	317112 001010 00m2.0.u.	
COLLATERAL CHANGE: Also check one of Indicate collateral:	these four boxes: ADD collateral	DELETE collateral LIRE	2	
COLLATERAL CHANGE: Also check one of Indicate collateral:  Debtor Name and Address:  NYBACK-SMITH, SANDRA LUCILLE - 2100			51712 00000000000000000000000000000000000	
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100	) PARK AVENUE , KLAMATH FA	LLS, OR 97601	51712 010101 001101	
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100	) PARK AVENUE , KLAMATH FA	LLS, OR 97601	51712 01010 00000	
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100 Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE	D PARK AVENUE , KLAMATH FA	LLS, OR 97601 CORAL GABLES, FL 33146		
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100 Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE	D PARK AVENUE , KLAMATH FA E DE LEON BLVD., 5TH FLOOR , AUTHORIZING THIS AMENDMENT:	LLS, OR 97601  CORAL GABLES, FL 33146  Provide only one name (9a or 9b) (na		nment)
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100 Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE  9. NAME OF SECURED PARTY OF RECORD If this is an Amendment authorized by a DEBTOR, ch	D PARK AVENUE , KLAMATH FA E DE LEON BLVD., 5TH FLOOR , AUTHORIZING THIS AMENDMENT:	LLS, OR 97601  CORAL GABLES, FL 33146  Provide only one name (9a or 9b) (na		nment)
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100 Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE  9. NAME OF SECURED PARTY OF RECORD If this is an Amendment authorized by a DEBTOR, ch	D PARK AVENUE , KLAMATH FA E DE LEON BLVD., 5TH FLOOR , AUTHORIZING THIS AMENDMENT:	LLS, OR 97601  CORAL GABLES, FL 33146  Provide only one name (9a or 9b) (na	me of Assignor, if this is an Assigi	
Indicate collateral: Debtor Name and Address: NYBACK-SMITH, SANDRA LUCILLE - 2100 Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE  9. NAME OF SECURED PARTY OF RECORD If this is an Amendment authorized by a DEBTOR, ch	D PARK AVENUE , KLAMATH FA  E DE LEON BLVD., 5TH FLOOR ,  AUTHORIZING THIS AMENDMENT:  Heck here  and provide name of authorizing and provide name of authorizing the control of author	LLS, OR 97601  CORAL GABLES, FL 33146  Provide only one name (9a or 9b) (na		nment)

70544

62012889

200063065

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

LLC	W INSTRUCTIONS					
INIT	TAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amen	ndment form				
80	001381 2/4/2008 CC OR Klamath  ME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	mendment form	n			
NA .!	ME OF PARTY AUTHORIZING THIS AMENDMENT SHITLE BELLEVILLE BY THE BY					
1	Bayview Loan Servicing, LLC					
卜						
R L	2b, INDIVIDUAL'S SURNAME	<del></del>				
`` ¹	26, INDIVIDUAL'S SUKNAME					
$\vdash$	FIRST PERSONAL NAME					
			SUFFIX			
Γ	ADDITIONAL NAME(SYNITIAL(S)		SUPFIX	THE ABOVE !	SPACE IS FOR FILING OFFICE US	ONLY
	ame of DEBTOR on related financing statement (Name of a current Debtor	of record requi	red for indexing	numoces only in sor	ne filing offices - see Instruction item	13): Provide or
3. Ni <u>Ol</u>	ame of DEBTOR on related financing statement (Name of a current Debtor ne Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a	abbreviate any	part of the Debt	or's name); see Instr	uctions if name does not fit	
1	3a. ORGANIZATION'S NAME					
R .		FIRST PERS	ONAL NAME	····	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	3b. INDIVIDUAL'S SURNAME NYBACK-SMITH	SANDF			LUCILLE	
	DDITIONAL SPACE FOR ITEM 8 (Collateral):					
6	This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral is file. Solution in the covers and address of a RECORD OWNER of real estate described in Item if Debtor does not have a record interest):	ed as a fixture f	l l	ption of real estate: ATTACHEE	)	
6	covers timber to be cut covers as-extracted collateral in file		l l		)	
16	covers timber to be cut covers as-extracted collateral in file		l l			

## LEGAL DESCRIPTION:

BEGINNING AT A HALF INCH IRON PIN ON THE SOUTH LINE OF THE RELOCATED RIGHT-OF-WAY OF THE KLAMATH FALLS - LAKEVIEW HIGHWAY (SOUTH SIXTH STREET) WHICH BEARS SOUTH 80° 45' WEST A DISTANCE OF 290.3 FEET AND SOUTH 0° 06' 30" WEST A DISTANCE OF 11.82 FEET FROM THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 3, TOWNSHIP 39 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, SAID IRON PIN ALSO BEING THE NORTHWEST CORNER OF PARCEL OF LAND CONVEYED TO THE UNITED STATES NATIONAL BANK OF PORTLAND BY DEED RECORDED IN VOLUME 293, PAGE 435, DEED RECORDS OF KLAMATH COUNTY, OREGON; THENCE NORTH 89° 58' 30" WEST ALONG SAID RELOCATED RIGHT-OF-WAY LINE, A DISTANCE OF 100.0 FEET TO AN IRON PIN; THENCE SOUTH 0° 06' 30" WEST PARALLEL WITH THE WEST LINE OF SAID UNITED STATES NATIONAL BANK PARCEL, A DISTANCE OF 150.0 FEET TO AN IRON PIN; THENCE SOUTH 89° 58' 30" EAST PARALLEL TO THE SOUTH LINE OF SAID RELOCATED HIGHWAY RIGHT-OF-WAY, A DISTANCE OF 100.0 FEET TO AN IRON PIN ON THE WEST LINE OF SAID UNITED STATES NATIONAL BANK PARCEL; THENCE NORTH 0° 06' 30" EAST ALONG SAID WEST LINE A DISTANCE OF 150 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.