UCC FINANCING STATEMENT AMENDMENT

2021-005849

Klamath County, Oregon

04/19/2021 01:26:00 PM

Fee: \$82.00

FOLLOW INSTRUCTIONS							
	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294						
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com						
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)						
[2097 05586						
	CSC						
	801 Adlai Stevenson Drive Springfield, IL 62703						
Ι.	File	d In: Oregon (Klamath) I					
L	_	(rtiarriatin)	THE ABOVE SDA	CE IS FO	R FILING OFFICE USE (ONL V	
	INITIAL FINANCING STATEMENT FILE NUMBER 114-009916 09/24/2014		1b. This FINANCING STATES (or recorded) in the REAL	MENT AME	NDMENT is to be filed [for RECORDS	record]	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement							
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8							
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes: AND Check one of these three boxes to:							
This Change affects Debtor or Secured Party of record Secured Party							
6. (CURRENT RECORD INFORMATION: Complete for Party Information Chafa. ORGANIZATION'S NAME	ange - provide only	one name (6a or 6b)				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7 (7- 7- 1		-16 416	the Beltania areas)	
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME	lation Change - provide	only one name (/a or /b) (use exact, tuli na	me; do not on	nit, modify, or appreviate any part of	the Debtor's name)	
OR	b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8. [COLLATERAL CHANGE: Also check one of these four boxes:	DD collateral	DELETE collateral F	ESTATE c	overed collateral A	SSIGN collateral	
Indicate collateral: 12 WINDOWS							
APN: R400373							
1 FOAL TAID 07 DNOF 44 DLOOK 0FO 00 TD 107 FOALWAND 1 ABBO - 00 CHIEF 1 TO 207 HAD 1							
LEGAL: TWP 37 RNGE 11, BLOCK SEC 32, TRACT E2NW4NW4, ACRES 5.00. SALE DATE 03/07/1994. RECORDED IN KLAMATH COUNTY, OREGON.							
9. N	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT:	Provide only one name (9a or 9h) (s	name of Ass	signor, if this is an Assignmen	nt)	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor							
	9a. ORGANIZATION'S NAME1st Security Bank of Washington						
6-							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10.	OPTIONAL FILER REFERENCE DATA: Debtor: PERKINS, W	ILLARD - :5	150551030 Perkins (I	Debtor)		2097 05586	