2021-012692

Klamath County, Oregon

08/19/2021 12:08:00 PM

Fee: \$92.00

U	CC FINANCING STATEMENT AMEN	IDMENI				100. 402.00		
FOI	LLOW INSTRUCTIONS							
	NAME & PHONE OF CONTACT AT FILER (optional) ame: Wolters Kluwer Lien Solutions Phone: 800-331	1-3282 Fax: 8	18-662-4141					
В.	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com]				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	30595 - SUNL	IGHT	1				
 [Lien Solutions	82041	_					
	P.O. Box 29071 Glendale, CA 91209-9071	OROR)					
	Gioridale, OA 31203-3071	FIXTU	_					
Ш		FIXIU						
Ľ	File with: Klamath, OR					OR FILING OFFICE		
	INITIAL FINANCING STATEMENT FILE NUMBER 21-000665 0 0 1/14/2021 CC OR Klamath		ľ	b. This FINANCING STAT (or recorded) in the RE Filer: attach Amendment A	AL ESTATE	RECORDS		
2.	TERMINATION: Effectiveness of the Financing Statement in Statement	dentified above is	s terminated with					
3.	ASSIGNMENT (<u>full</u> or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also inc			signee in item 7c <u>and</u> name o	f Assignor in	ı item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		with respect to the	e security interest(s) of Secur	ed Party aut	horizing this Continuat	tion Sta	tement is
5.	PARTY INFORMATION CHANGE:							
C	Check one of these two boxes:		of these three boxe GE name and/or ac		ame: Comple	ate item DELETE n	ame: C	live record name
	his Change affects Debtor or Secured Party of record			or 7b <u>and</u> item 7c 7a or 7	b, <u>and</u> item	7c to be delet	ed in ite	m 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	nation Change -	provide only <u>one</u>	name (6a or 6b)				
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIC	NAL NAME(S)/INITIAL(S)		SUFFIX
7. C	CHANGED OR ADDED INFORMATION: Complete for Assignment or I	Party Information Cha	ange - provide only <u>o</u>	ne name (7a or 7b) (use exact, full name	ne; do not omit,	modify, or abbreviate any pa	rt of the D	ebtor's name)
	SLSLT Underlying Trust 2020-1							
OR 7b. INDIVIDUAL'S SURNAME								
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUALIS ADDITIONAL NAME (OVINITIAL (O							LOUEEN
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
7c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE		COUNTRY
R	odney Square North, 1100 North Market St.		Wilmington		DE	19890		USA
8.	COLLATERAL CHANGE: Also check one of these four I	boxes: ADD	collateral	DELETE collateral	RESTATE	covered collateral	☐ AS	SIGN collateral
	Indicate collateral:							
	btor Name and Address: rris, John - 16212 Riveredge Road , KLAMATH FA	ALIS OR 976	501					
Cro	cured Party Name and Address: oss River Bank - 885 Teaneck Road , Teaneck, NJ (07666						
	SLT Underlying Trust 2020-1 - Rodney Square Nort		Market St., W	ilmington, DE 19890				
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZ	ING THIS AME	NDMENT: Pro	vide only <u>one</u> name (9a or 9b)	(name of As	signor, if this is an Assi	ignment	t)
lf	this is an Amendment authorized by a DEBTOR, check here	and provide n	ame of authorizin	g Debtor				
	9a. ORGANIZATION'S NAME Cross River Bank							
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIC	NAL NAME(S)/INITIAL(S)		SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Debtor Name: No	orris. John	-		•			-

0064M00000YFfvcQAD Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

932-8126777-000

82041735

NITIAL FINANCING STATEMENT FILE NUMBER: San 1-000665 0 0 1/14/2021 CC OR Klama					
NAME OF PARTY AUTHORIZING THIS AMENDMENT	1				
12a. ORGANIZATION'S NAME Cross River Bank					
O1033 TAVOL BUILK			4		
12b. INDIVIDUAL'S SURNAME			1		
]		
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	ADDITIONAL NAME(S)/INITIAL(S)		1		
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
ame of DEBTOR on related financing statement (Nam <u>ne</u> Debtor name (13a or 13b) (use exact, full name; de					
13a. ORGANIZATION'S NAME					
13a. ORGANIZATION'S NAME 13b. INDIVIDUAL'S SURNAME	FIRST PEI	RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PEI John	RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFF
3b. INDIVIDUAL'S SURNAME Norris		RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3b. INDIVIDUAL'S SURNAME Norris		RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3b. INDIVIDUAL'S SURNAME Norris		RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX



15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:			
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	A PARCEL OF LAND LOCATED IN THE			
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	STATE OF OR, COUNTY OF KLAMATH,			
	WITH A SITUS ADDRESS OF 16212			
	RIVEREDGE RD, KLAMATH FALLS OR			
	97601- CURRENTLY OWNED BY NORRIS			
	JOHN D / JOHN DYRON NORRIS LIVING			
	TRUST HAVING A TAX ASSESSOR NUMBER			
	OF R490043 AND BEING THE SAME			
	PROPERTY MORE FULLY DESCRIBED AS			
	[See Exhibit for Real Estate]			

18. MISCELLANEOUS: 82041735-OR-35 30595 - SUNLIGHT FINANCIAL

Cross River Bank

File with: Klamath, OR

932-8126777-000 0064M00000YFfvcQAD

Debtor: Norris, John

Exhibit for Real Estate

17. Description of real estate: Continued

KLAMATH RIVER ACRES, BLOCK 6, LOT 12, MS X# 251106 AND DESCRIBED IN DOCUMENT NUMBER 2019.11814 DATED 10/2/2019 AND RECORDED 10/9/2019.

