

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071
OROR
FIXTURE

File with: Klamath, OR	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2014-006846 6/27/2014 CC OR Klamath	b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with	respect to the security interest(s) of Secured Party autho	rizing this Term	nination	
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, g For partial assignment, complete items 7 and 9 and also indicate affected or 		signee in item 7c <u>and</u> name of <i>P</i>	ssignor in item 9			
 CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law 	e with respect to the	ne security interest(s) of Secured	I Party authorizing this C	ontinuation Sta	tement is	
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes.	of these three box					
This Change affects Debtor or Secured Party of record item 6	GE name and/or a a or 6b; <u>and</u> item 7	a or 7b <u>and</u> item 7c		ELETE name: G be deleted in ite		
CURRENT RECORD INFORMATION: Complete for Party Information Change - 6a. ORGANIZATION'S NAME	provide only <u>one</u>	name (6a or 6b)				
OR 6b. INDIVIDUAL'S SURNAME Frank	FIRST PERSONA John	L NAME	ADDITIONAL NAME(S)/II Carl	VITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	ange - provide only o	ne name (7a or 7b) (use exact, full name	; do not omit, modify, or abbrevi	ate any part of the D	Debtor's name)	
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POSTAL COL	Œ	COUNTRY	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral	DELETE collateral	RESTATE covered colla	A.	SSIGN collatera	
 COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <u>Also</u> Indicate collateral: 	Collateral [DELETE collaterat 1	RESTATE covered colla	.erai 🗀 AS	SSIGN collatera	
Debtor Name and Address:						
Frank, John Carl - 9002 Dehlinger Lane, Klamath Falls, OR 97603						
Frank, Constance Ann - 9002 Dehlinger Lane , Klamath Falls, OR	97603-9709					
Secured Party Name and Address:						
Umpqua Bank - PO Box 1580 , Roseburg, OR 97470						
A NAME CECLIDED DARTY DECORD AUTHORIZING THIS AND	ENDMENT D	. id (0 0b) (-	£ A ! !£ !!- !- !	A I	4)	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI If this is an Amendment authorized by a DEBTOR, check here and provide	name of authorizin		iame of Assignor, if this is	an Assignment	i)	
9a. ORGANIZATION'S NAME		9				
Umpqua Bank						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)/II	VITIAL(S)	SUFFIX	
I 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Frank, John Ca	l orl		1		1	
10. OPTIONAL FILER REFERENCE DATA. Deptor Name: Frank, John Ca 82812396	411					
02012030						

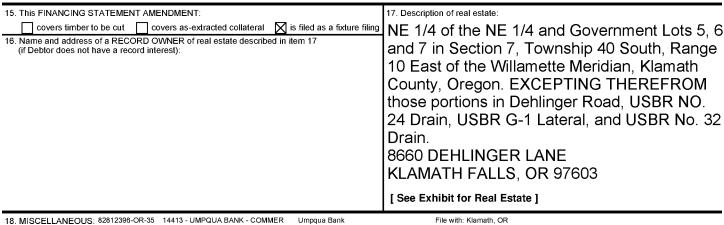
Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

2021-015103Klamath County, Oregon

10/06/2021 01:22:01 PM

Fee: \$92.00

014-006846 6/27/2014 CC OR Klamath 2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
12a. ORGANIZATION'S NAME Umpqua Bank				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	E ONI Y
Name of DEBTOR on related financing statement (Name of one Debtor name (13a or 13b) (use exact, full name; do no 13a. ORGANIZATION'S NAME				13): Provide
13b. INDIVIDUAL'S SURNAME		SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Frank	John		Carl	



File with: Klamath, OR

Debtor: Frank, John, Carl

Exhibit for Real Estate

17. Description of real estate: Continued

APN 4010-00700-00100-000

