

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

Klamath County, Oregon 12/03/2021 08:28:03 AM

2021-017920

Fee: \$92.00

File with: Klamath, OR		THE ABOVE SPA	CE IS FOR FILING OF	FICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 2015-003455 4/14/2015 CC OR Klamath		1b. This FINANCING STATE (or recorded) in the REA Filer: <u>attach</u> Amendment Ad	MENT AMENDMENT is to LESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> pr	be filed [for record] rovide Debtor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement identified above Statement 	e is terminated with	respect to the security interest(s) of Secured Party authorizi	ing this Termination
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 and also indicate affected 			ssignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law	eve with respect to	he security interest(s) of Secured	l Party authorizing this Cont	linuation Statement is
Check one of these two boxes:	ne of these three boo ANGE name and/or a 6a or 6b; <u>and</u> item	iddress: CompleteADD nan		ETE name: Give record name deleted in item 6a or 6b
B. CURRENT RECORD INFORMATION: Complete for Party Information Change	e - provide only <u>one</u>	name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME Kirby	FIRST PERSON.		ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME 	Change - provide only	one name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate a	any part of the Debtor's name)
DR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: Also check one of the other boxes.	DD collateral	DELETE collateral	RESTATE covered collatera	al ASSIGN collatera
Indicate collateral:	DD collateral	DELETE collateral 1	NEOTATE covered conlatera	II Addicina Collatera
Debtor Name and Address: Kirby, Christopher John - 13497 E. Langell Valley Road , Bonanz Kirby, Sara Michelle - 13497 E. Langell Valley Road , Bonanza, 0				
Secured Party Name and Address: Jmpqua Bank - PO Box 1580 , Roseburg, OR 97470				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT: Pr e name of authorizi		name of Assignor, if this is an	n Assignment)
9a. ORGANIZATION'S NAME Umpqua Bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
 0. OPTIONAL FILER REFERENCE DATA: Debtor Name: Kirby, Christo	nher John			
33735687	huei aniii			

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

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

1	CIM	INICEDI	ICTIONS

	NITIAL ENLANGING OTATEMENT ELLE MUNDED. O					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same	e as item 1a on Amendment form				
201	5-003455 4/14/2015 CC OR Klamath					
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendment fo	orm			
	12a. ORGANIZATION'S NAME					
	Umpqua Bank					
00						
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
				THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
	Name of DEBTOR on related financing statement (Name					13): Provide on
	one Debtor name (13a or 13b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debt	or's name); see Instr	ructions if name does not fit	
	13a. ORGANIZATION'S NAME					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Kirby	Christo			John	3371170
	Kilby	Cilibit	phici		1 301111	

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	PARCEL 2 OF LAND PARTITION 82-05, LOCATED IN SECTION 7, THE SOUTHEAST QUARTER OF SECTION 7, THE SOUTHWEST QUARTER OF SECTION 8 AND THE NORTHEAST QUARTER OF SECTION 18, TOWNSHIP 40 SOUTH, RANGE 14, EAST OF THE WILLAMETTE MERIDIAN, KLAMATH
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18. MISCELLANEOUS; 83735687-OR-35 14413 - UMPQUA BANK - COMMER Umpqua Bank

15. This FINANCING STATEMENT AMENDMENT:

[See Exhibit for Real Estate]

17. Description of real estate:

Debtor: Kirby, Christopher, John

Exhibit for Real Estate

17. Description of real estate: Continued

COUNTY, OREGON.

