2023-008239

Klamath County, Oregon

09/20/2023 03:11:01 PM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

FOL	LOW INSTRUCTIONS				
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1		
	E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com		1		
	SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
ſ	26 53 05254				
	CSC 801 Adlai Stevenson Drive	Filed In Oregon			
	Springfield, IL 62703	Filed In: Oregon (Klamath)			
L	<u> </u>	(* ************************************			
10	SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION		CE IS FOR FILING OFFICE USE (
	20-003642 (Debtor) 03/26/2020		(or recorded) in the REAL E (Form UCC3Ad) and provid	ENT AMENDMENT is to be filed [for recorsTATE RECORDS. Filer: attach Amendmen Debtor's name in item 13.	nent Addendum
2.	TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with res	pect to the security interest(s) of Sec	ured Part(y)(ies) authorizing this Termina	ition Statement
3.	ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add For partial assignment, complete items 7 and 9; check ASSIGN Collate				
4.	CONTINUATION: Effectiveness of the Financing Statement identificate additional period provided by applicable law	ed above with respect to the	security interest(s) of Secured Party	authorizing this Continuation Statement i	s continued for the
5.	PARTY INFORMATION CHANGE:				
С	heck <u>one</u> of these two boxes:	Check one of these three bo		ne: Complete item DELETE name:	Give record name
	nis Change affects Debtor or Secured Party of record	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c7a or 7b,	and item 7c to be deleted in it	tem 6a or 6b
6. 0	CURRENT RECORD INFORMATION: Complete for Party Informati	ion Change - provide only <u>on</u>	e name (6a or 6b)		
	6a. ORGANIZATION'S NAME	7		- N	
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NIAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Langfelder	Susan	IAL NAME	ADDITIONAL NAME(S)/INTTAL(S)	SUFFIX
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Part			de and an ille an abbandada an an daf the De	L4
7. 0	7a. ORGANIZATION'S NAME	y montation change - provide only	ule name (ra or rb) (use exact, rumame, c	O TOT OFFIRE, MOORING, OF ABBUEVIATE ANY PART OF THE DE	biol s hame)
OR	7b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME			*	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		1		SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
٠.	Indicate collateral:		_	ord is limited to certain collateral and describe the c	
Ro			, , , , , , , , , , , , , , , , , , ,		
	PN: R592219				
	GAL: Twp 39 Rnge 10, Block Sec 8, Tract Sw4nv	w4 Nw4sw4 N Of H	wy, Acres 39.20, Potent	ial Additional Tax Liability,	
En	n#49806. Klamath County, Oregon.				
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: Pro	vide only <u>one</u> name (9a or 9b) (name	e of Assignor, if this is an Assignment)	
lf	this is an Amendment authorized by a DEBTOR, check here and p	rovide name of authorizing [
	9a. ORGANIZATION'S NAME 1st Security Bank of Was	shington			
OR		T=		Laboration	L
J11	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	F4F4040000 LA	NOTEL DED "D	h. 4		
10.	OPTIONAL FILER REFERENCE DATA::5151613920 LA	INGFELDER "De	otor"		2653 05254

UCC FINANCI FOLLOW INSTRUCTION	NG STATEMENT AM	IENDMENT AD	DENDUM			
	G STATEMENT FILE NUMBER: S Debtor) 03/26/2020	ame as item 1a on Amendment fo	orm			
	UTHORIZING THIS AMENDMENT	T: Same as item 9 on Amendmen	nt form			
12a. ORGANIZATION						
1st Security I	Bank of Washington					
OR 12b. INDIVIDUAL'S S	BURNAME					
FIRST PERSON	IAL NAME					
ADDITIONAL N	AME(S)/INITIAL(S)		SUFFIX	zusánova.		
13. Name of DEBTOR	on related financing statement (Na	me of a current Debtor of record re	equired for indexing		SPACE IS FOR FILING OFFICE filing offices - see Instruction item 13):	
one Debtor name (13	a or 13b) (use exact, full name; do not or					,
13a. ORGANIZATION	J'S NAME		• 4			
OR 13b. INDIVIDUAL'S S	SURNAME	FIRST PI	ERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE	CE FOR (CHECK ONE BOX):	ITEM 8 (Collateral)	OR OT	HER INFORMATIO	N (Please Describe)	
15. This FINANCING STA covers timber to to 16. Name and address of (if Debtor does not have	oe cut covers as-extracted collate a RECORD OWNER of real estate description		Of Hwy	Rnge 10, Blo Roge 10, Blo Acres 39.20, Klamath	ock Sec 8, Tract Sw4nw , Potential Additional Ta	4 Nw4sw4

18. MISCELLANEOUS: Fixture Filing