

2024-002037

Klamath County, Oregon

2784 86450

03/18/2024 01:45:01 PM Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT

FOL	LLOW INSTRUCTIONS								
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294			1					
	E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com			1					
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)								
ſ	2784 86450 CSC								
	801 Adlai Stevenson Drive	Filod I	n: Oregon						
l,	Springfield, IL 62703	riied i	(Klamath)						
l I	<u> </u>		`						
	SEE BELOW FOR SECURED PARTY CONTACT INF	ORMATI	ON	THE ABO	OVE SPAC	CE IS FO	R FILING O	FFICE USE O	NLY
	INITIAL FINANCING STATEMENT FILE NUMBER 119-006091 (Debtor) 06/04/2019	or recorded) in the	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.						
2.	TERMINATION: Effectiveness of the Financing Statement identified	above is ter	rminated with res	, , , , , , ,					on Statement
3. [ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add								
4.	CONTINUATION: Effectiveness of the Financing Statement identifie					authorizing	this Continuat	ion Statement is	continued for the
	additional period provided by applicable law								
5.	PARTY INFORMATION CHANGE:	0							
	offect one of these two boxes.	CHANG	of these three bo GE name and/or	address: Complete	ADD nam	e: Comple	te itemD	ELETE name: 0	Sive record name
	his Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information			7a or 7b <u>and</u> item 7c	_7a or 7b, <u>a</u>	and item 7	to to	be deleted in ite	em 6a or 6b
υ. ι	6a. ORGANIZATION'S NAME	on Change	- provide only <u>or</u>	e name (oa or ob)					
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSO	JAI NAME		ADDITIO	VAL NAME(S)	/INITIAL (S)	SUFFIX
	MORGAN		DOUGLA			ADDITIO	VAL IVANIL(O)	AINTIAL(O)	JOHN
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	v Information (full name: do	not omit mo	dify or abbreviate	any part of the Debt	hr's name)
,. 、	7a. ORGANIZATION'S NAME	y inioiniation (oriange - provide on	7 <u>one</u> hame (ra or rb) (use exact	i, idii ilailie, de	Thot offile, file	ully, or abbreviate	any part of the Debi	ioi a rianie)
OR	7b. INDIVIDUAL'S SURNAME								
	INDIVIDUAL'S FIRST PERSONAL NAME								
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
	MANUAL APPRECA		OIT)			OTATE	IDOOTAL OO	DE	OOLINTDY.
/ C.	MAILING ADDRESS		CITY			STATE	POSTAL COI	DE	USA
8.	COLLATERAL CHANGE: Check only one box:		collateral	DELETE collateral			overed collater		SSIGN* collateral
14/	Indicate collateral:	*Check AS	SIGN COLLATERAL	only if the assignee's power to ar	mend the reco	rd is limited to	certain collateral	and describe the co	llateral in Section 8
	INDOWS PN: R138381								
	EGAL: THE LAND REFERRED TO IN THIS POLIC	CY IS S	ITUATED I	N THE STATE OF	OREG	ON. C	OUNTY C)F	
	AMATH, AND DESCRIBED AS FOLLOWS:					, .			
10	OT 48 IN BLOCK 2, TRACT 1098-SPLIT RAIL RA	NCHOS	S ACCORE	ING TO THE OF	FICIAL	PI AT 1	HEREOE	ON	
	77 10 IN BEGGINE, 11010 1 1000 31 EIT 10 11 10 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ., .		<u> </u>	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING T f this is an Amendment authorized by a DEBTOR, check here and pi		NDMENT: Pro e of authorizing [9b) (name	of Assigno	or, if this is an A	Assignment)	
	9a. ORGANIZATION'S NAME 1st Security Bank of Was	hingtor	1						
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSOI	NAL NAME		ADDITIO	NAL NAME(S)	/INITIAL(S)	SUFFIX
							. ,		
40	DETIONAL FILED DEFEDENCE DATA: MODGAN 5151	44040)						

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

\cap	OW.	INISTRI	ICTIC	NIC

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment fo 2019-006091 (Debtor) 06/04/2019	m .
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendmen	: form
12a. ORGANIZATION'S NAME	
1st Security Bank of Washington	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
FIRST PERSONAL NAIVE	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
, 100 m.c. m.m.c.(0)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record re	
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part	
13a. ORGANIZATION'S NAME	
	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MORGAN KATH	ILEEN
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral)	OR OTHER INFORMATION (Please Describe)
FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMA	TH COUNTY, OREGON
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate: THE LAND REFERRED TO IN THIS POLICY IS
covers timber to be cut covers as-extracted collateral is filed as a fixture fi	SITUATED IN THE STATE OF OREGON, COUNTY OF
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	KLAMATH, AND DESCRIBED AS FOLLOWS:
	NO WONTH, THE BESSIANDED THE FOLLOWS.
	LOT 48 IN BLOCK 2, TRACT 1098-SPLIT RAIL
	RANCHOS, ACCORDING TO THE OFFICIAL PLAT
	THEREOF ON FILE IN THE OFFICE OF THE COUNTY
	CLERK OF KLAMATH COUNTY, OREGON
	, , , , , , , , , , , , , , , , , , , ,
18. MISCELLANEOUS:	
Fixture Filing	