

2024-006711

Klamath County, Oregon

08/01/2024 08:09:02 AM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional)
SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
2892 58242
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703
Filed In: Oregon (Klamath)
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2019-015011 12/27/2019
1b. [X] 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 terminated with respect to the security interest(s) of Secured Party(y)(ies) authorizing this Termination Statement

3. [] ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8

4. [] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE:
Check one of these two boxes: [] Debtor or [X] Secured Party of record
AND Check one of these three boxes to: [X] CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c [] ADD name: Complete item 7a or 7b, and item 7c [] DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)
6a. ORGANIZATION'S NAME: DIVERSIFIED FINANCIAL SERVICES, LLC
OR
6b. INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME: DFS FINANCE, A DIVISION OF FIRST NATIONAL BANK OF OMAHA
OR
7b. INDIVIDUAL'S SURNAME, INDIVIDUAL'S FIRST PERSONAL NAME, INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S), SUFFIX

7c. MAILING ADDRESS: 14010 FNB PARKWAY STE 400, CITY: Omaha, STATE: NE, POSTAL CODE: 68154, COUNTRY: USA

8. COLLATERAL CHANGE: Check only one box: [] ADD collateral [] DELETE collateral [] RESTATE covered collateral [] ASSIGN* collateral
Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here [] and provide name of authorizing Debtor
9a. ORGANIZATION'S NAME: DIVERSIFIED FINANCIAL SERVICES, LLC
OR
9b. INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 121940-001 2892 58242

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
2019-015011 12/27/2019

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME DIAZ	FIRST PERSONAL NAME DELYLE	ADDITIONAL NAME(S)/INITIAL(S) DWIGHT	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):
DIAZ REVOCABLE LIVING TRUST

17. Description of real estate:
SE/4NW/4 OF SEC 28 T40S R11E KLAMATH
COUNTY, OR

18. MISCELLANEOUS: