## 2024-009809 Klamath County, Oregon

11/12/2024 08:13:01 AM

Fee: \$92.00

## 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)		1		
2971 58800 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)			
SEE BELOW FOR SECURED PARTY CONTACT INFO	ORMATION		PACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2022-012641 10/24/2022		(or recorded) in the REA	MENT AMENDMENT is to be filed for real LESTATE RECORDS. Filer: <u>attach</u> Amen wide Debtor's name in item 13.	cord] dment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with res	pect to the security interest(s) of	Secured Part(y)(ies) authorizing this Termi	nation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address For partial assignment, complete items 7 and 9; check ASSIGN Collatera				
4. CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	d above with respect to the	security interest(s) of Secured Pa	ty authorizing this Continuation Statemen	at is continued for the
5. PARTY INFORMATION CHANGE:	CA			
Check one of these two boxes.	Check <u>one</u> of these three bo — CHANGE name and/or		name: Complete item DELETE name	e: Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c7a or		n item 6a or 6b
6a. ORGANIZATION'S NAME	in Change - provide only <u>on</u>	Ename (oa or ob)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON			SUFFIX
	The second secon	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Wright	Thomas		James	
	Thomas		James	
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Thomas		James	
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  OR	Thomas		James	
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME	Thomas		James	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Thomas Information Change - provide only		James ie; do not omit, modify, or abbreviate any part of the	Debtor's name)
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	Thomas		James	Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Thomas Information Change - provide only		James ie; do not omit, modify, or abbreviate any part of the	Debtor's name)
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party.  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	CITY  ADD collateral  *Check ASSIGN COLLATERAL of ently attached to the not considered fixt intly attached or fast	DELETE collateral control if the assignee's power to amend the property identified a cures under applicable stened to the property.	James  ie; do not omit, modify, or abbreviate any part of the  STATE POSTAL CODE  RESTATE covered collateral record is limited to certain collateral and describe the above, excluding personal law.  This includes items that	SUFFIX COUNTRY ASSIGN* collateral
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:  All fixtures now or hereafter securely and/or permane effects and household goods or appliances that are refixture Definition: An object physically and permaner have the following method of attachment; bolted, screany other part of the home.  Proposed Fixtures include but not limited to:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING The fixtures is an Amendment authorized by a DEBTOR, check here and processing and p	Thomas Information Change - provide only  CITY  ADD collateral  *Check ASSIGN COLLATERAL of the considered fixth ont considered fixth ont considered fixth ont was also as a considered fixth of the considered fixth on the c	DELETE collateral  DELette collateral  Deletteral  Del	STATE POSTAL CODE  RESTATE Covered collateral record is limited to certain collateral and describe the above, excluding personal law.  This includes items that ne walls, floors, ceilings or	SUFFIX COUNTRY ASSIGN* collateral
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:  All fixtures now or hereafter securely and/or permane effects and household goods or appliances that are refixture Definition: An object physically and permaner have the following method of attachment; bolted, sort any other part of the home.  Proposed Fixtures include but not limited to:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO If this is an Amendment authorized by a DEBTOR, check here and proposed of the part of the control of the part of the part of the part of the part of the home.  Proposed Fixtures include but not limited to:	Thomas Information Change - provide only  CITY  ADD collateral  *Check ASSIGN COLLATERAL of the considered fixth ont considered fixth ont considered fixth ont was also as a considered fixth of the considered fixth on the c	DELETE collateral  DELette collateral  Deletteral  Del	STATE POSTAL CODE  RESTATE Covered collateral record is limited to certain collateral and describe the above, excluding personal law.  This includes items that ne walls, floors, ceilings or	SUFFIX COUNTRY ASSIGN* collateral
Wright  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:  All fixtures now or hereafter securely and/or permane effects and household goods or appliances that are refixture Definition: An object physically and permaner have the following method of attachment; bolted, screany other part of the home.  Proposed Fixtures include but not limited to:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING The fixtures is an Amendment authorized by a DEBTOR, check here and processing and p	Thomas Information Change - provide only  CITY  ADD collateral  *Check ASSIGN COLLATERAL of the considered fixth ont considered fixth ont considered fixth ont was also as a considered fixth of the considered fixth on the c	DELETE collateral only if the assignee's power to amend the reproperty identified a sures under applicable stened to the property. d, or cemented onto the vide only one name (9a or 9b) (nateboor assigns c/o Marlette	STATE POSTAL CODE  RESTATE Covered collateral record is limited to certain collateral and describe the above, excluding personal law.  This includes items that ne walls, floors, ceilings or	SUFFIX COUNTRY ASSIGN* collateral

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

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	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for $122-012641\ 10/24/2022$	m	1	
12.1	IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment	form	1	
[	12a. ORGANIZATION'S NAME		1	
	Cross River Bank and its successors and assigns c/o Mar	lette		
	Servicing, LLC			
OR	12ь. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
-	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Y
	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			/
r		or the Bestor's Han	no, see madedons a name dees not at	
	13a. ORGANIZATION'S NAME	<b>)</b>		
OR	13b. INDIVIDUAL'S SURNAME  Wright  Thom	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  James	(
14.	ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral)		THER INFORMATION (Please Describe)	
Bui	It-in cabinets and shelving	<b>6.</b> ¬≀	h 4	
Bat	throom vanities	T		
Lig	ht fixtures	70.		
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15. ī	his FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral	17. Descripti APN: F	ion of real estate: R-3909-001BA-09600-	
16.1	covers timber to be cut covers as-extracted collateral is filed as a fixture fill lame and address of a RECORD OWNER of real estate described in item 17	ing		
- (	f Debtor does not have a record interest):	Proper	ty Address:	
	omas James Wright		Climax Ave	
	11 Climax Ave	Klamat	th Falls, OR 97603	
	math Falls, OR 97603		th County	
Kla	math County	- Nama	an ooung	
		LOT-23	3 BLK:7 SEC/TWN/RNG/MER:SEC 01 TWN 3	39
			9 WINEMA GARDENS 3RD ADDITION, BLC	
		7, LOT	· ·	,UK
		', LOT	20	
	MISCELLANEOUS:			

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 2022-012641 10/24/2022	1a on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	tem 9 on Amendment form		
12a. ORGANIZATION'S NAME  Cross River Bank and its successors and ass	signs c/o Marlette		
	signo o, o manotto		
Servicing, LLC			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX	• ( \ \ \ \	
ADDITIONAL NAVIE (G)/INTTAL(G)	GOTTIX	THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a curre		oses only in some filing offices - see Instruction item 13): Pro	
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or 13a. ORGANIZATION'S NAME	r abbreviate any part of the Debtor's name); s	ee Instructions if name does not fit	
IOL GROWNE WITHOUT INVITE		4	
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITE	EM 8 (Collateral) OR OTHER	R INFORMATION (Please Describe)	
Debtor: Thomas James Wright 6441 Climax Ave Klamath Falls, OR 97603 Klamath County	),,		
15. This FINANCING STATEMENT AMENDMENT:	17. Description of		

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 07/01/23)

18. MISCELLANEOUS: