2025-003390

Klamath County, Oregon

05/07/2025 10:10:01 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) 3117 61806 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath) I				
	`				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	IFORMATION	1b. This FINANCING STATE (or recorded) in the REA		R FILING OFFICE USE DMENT is to be filed [for rec CORDS. Filer: attach Amend	
2021-018162 12/07/2021 2. ✓ TERMINATION: Effectiveness of the Financing Statement identifie	d above is terminated with res	(Form UCC3Ad) and pro	ovide Debtor's	name in item 13.	
_				Access and recommendation	
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and as For partial assignment, complete items 7 and 9; check ASSIGN Collars.					
CONTINUATION: Effectiveness of the Financing Statement identificational period provided by applicable law	fied above with respect to the	security interest(s) of Secured Pa	arty authorizing	this Continuation Statemen	t is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	Check one of these three be CHANGE name and/or	address: CompleteADD	name: Comple		: Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> item		7b, <u>and</u> item 7	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME	3 1 7=				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOR	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Olding	William		Clark		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME OR	arty Information Change - provide only	/ <u>one</u> name (7a or 7b) (use exact, full nan	ne; do not omit, mo	dify, or abbreviate any part of the E	Debtor's name)
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: <u>Check only one box:</u>	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN* collateral
Indicate collateral: All fixtures now or hereafter securely and/or perma effects and household goods or appliances that are	*Check ASSIGN COLLATERAL		bove, exc		collateral in Section 8
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and and a lts or an amendment authorized by a DEBTOR, check here are an armonic statement of the second authorized by a DEBTOR, check here are an armonic statement of the second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR, check here are a second authorized by a DEBTOR.	provide name of authorizing [Debtor			
	s successors and	assigns c/o ivianette	Servicin	g, LLC	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					3117 61806

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

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11. INITIAL FINANCING 2021-018162 12	STATEMENT FILE NUMBER: Same as item 1a on $2/07/2021$	Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
12a. ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marlette				
Servicing, LLC				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NA	ADDITIONAL NAME(S)/INITIAL(S)		THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
	n related financing statement (Name of a current De or 13b) (use exact, full name; do not omit, modify, or abbi	· · · · · · · · · · · · · · · · · · ·	purposes only in some filing offices - see Instruction item 13): Fe); see Instructions if name does not fit	rovide only
13a. ORGANIZATION'	S NAME			
OR 13b. INDIVIDUAL'S SU	JRNAME	FIRST PERSONAL NAME William	ADDITIONAL NAME(S)/INITIAL(S) Clark	SUFFIX
14. ADDITIONAL SPACE	E FOR (CHECK ONE BOX): ITEM 8	(Collateral) OR OT	HER INFORMATION (Please Describe)	
•	DE 19803, United States of Ameri ling t R 97601	ica	on of real estate: -3809-019CD-01600-	ike, Julie
covers timber to be 16. Name and address of a (if Debtor does not have William Clark Old 928 Hanks Stree Klamath Falls, O Klamath County	RECORD OWNER of real estate described in item 17 a record interest): ling	Property 928 Ha Klamat Klamat LOT:3	R-3809-019CD-01600- cy Address: nks Street h Falls, OR 97601 h County BLK:5 SEC/TWN/RNG/MER:SEC 19 ⁻ 9E BUENA VISTA ADDITION, BLOCK	