2025-006563

Klamath County, Oregon

07/29/2025 12:56:01 PM

Fee: \$97.00

UCC FINANCING	SIAIEMENI	AMENDMENT
TOUR OWN IN COTTONIO		

FOLLOW INSTRUCTIONS

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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)		-		
3189 76896				
CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703	d In: Oregon (Klamath)			
	(Riamain)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION		CE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2025-006091 07/16/2025		This FINANCING STATEME (or recorded) in the REAL E (Form UCC3Ad) <u>and</u> provide	:NT AMENDMENT is to be filed [for reconstructed]: STATE RECORDS. Filer: <u>attach</u> Amend e Debtor's name in item 13.	ment 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 Termin	ation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of A For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in				
4. CONTINUATION: Effectiveness of the Financing Statement identified above additional period provided by applicable law	with respect to the	security interest(s) of Secured Party	authorizing this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	ne of these three bo			
This Change affects Debtor or Secured Party of record item	ANGE name and/or a n 6a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c	ne: Complete item DELETE name: and item 7c to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	ge - provide only <u>on</u>	e name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAI NAMF	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SCROGGIN	LYN			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information		rope pame /7a or 7h) /use exact full name: d	not omit modify or abbroviate any part of the D	obtor's namo)
7a. ORGANIZATION'S NAME	on Grange - provide only	one hame (ra or rb) (use exact, full hame, u	o not offit, filodity, or abbreviate any part of the b	
OR 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
8. COLLATERAL CHANGE: Check only one box:	DD celleterel	DELETE collateral	ESTATE assumed collectoral	ASSIGNIX colleteral
<u> </u>	DD collateral		_	ASSIGN* collateral
Indicate collateral: *Check ROOF	ASSIGN COLLAI ERAL (only if the assignee's power to amend the reco	ord is limited to certain collateral and describe the	collateral in Section 8
ROOF				
APN: R795857				
Lot 9 in Block 1 of TRACT 1158, THIRD ADDITION TO E	ACT HILLS E	STATES according to the	ne official	
plat thereof on file in the office of the County Clerk of Klar				
A NAME OF SECURED PARTY OF RECORD AUTHORITION THE	ACNIDACNIT =			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here and provide na 			e of Assignor, if this is an Assignment)	
9a. ORGANIZATION'S NAME 1st Security Bank of Washington	_			
13t Security Bank of Washingt	OH			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	ALL IIE = = =	0 D II		
10. OPTIONAL FILER REFERENCE DATA: 5153100790 SCROG	GIN "DEBT	OR"		3189 76896

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
		rovide only
ONAL NAME	ADDITIONAL NAME(SY/INITIAL(S)	SUFFIX
OTHE	R INFORMATION (Please Describe)	•
	of real astate:	
EAST HI plat there Klamath the follow Beginning thence S 65 43' 02 West 19.	LLS ESTATES, according to the office of on file in the office of the County (County, Oregon, EXCEPTING THEF ving: g at the southeast corner of Lot 8, Blouth 35 00' 00" East 20.00 feet; ther	cial Clerk of REFROM ock 1; nce South
	onal Name 17. Description DNAL NAME OTHE th 35 00' 0 ence North characteristics EAST HI plat there Klamath the follow Beginnin thence S 65 43' 0; West 19.	THE ABOVE SPACE IS FOR FILING OFFICE Used for indexing purposes only in some filing offices - see Instruction item 13): Per Debtor's name); see Instructions if name does not fit DNAL NAME ADDITIONAL NAME(S)/INITIAL(S) OTHER INFORMATION (Please Describe) Ath 35 00' 00" East 20.00 feet; thence South 65 ence North 65 43' 02" East 226.88 feet to the position of the service of th

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

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	as item 1a on Amendment form		
2025-006091 07/16/2025 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sai	me as item 9 on Amendment form	\dashv	
12a. ORGANIZATION'S NAME 1st Security Bank of Washington			
OR 12b. INDIVIDUAL'S SURNAME		_	
FIRST PERSONAL NAME		_	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
 Name of DEBTOR on related financing statement (Name of one Debtor name (13a or 13b) (use exact, full name; do not omit, m. 			le only
13a. ORGANIZATION'S NAME			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDITIONAL NAME(S)/INITIAL(S) S	UFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Collateral) OR	OTHER INFORMATION (Please Describe)	
15. This FINANCING STATEMENT AMENDMENT:	17. Desc	iption of real estate: perty Line Adjustment 22-00".	