

Doc # 2007167626

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Date: 09/07/2007 12:05P

Filed by: AMERICAN GENERAL FINANCIAL SER

Filed &amp; Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$0.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER (optional)**

KATIE MOONEY 503-282-3284

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**AMERICAN GENERAL FINANCIAL SERVICES  
4340 NE SANDY BLVD.  
PORTLAND OR 97213

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1a. INITIAL FINANCING STATEMENT FILE #**

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**1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.****2. ☒ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.**3. ☐ CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.**4. ☐ ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.**5. AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.☐ DELETE name: Give record name to be deleted in item 8a or 8b.☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME**

OR

**6b. INDIVIDUAL'S LAST NAME**

TUBBS

**FIRST NAME**

ROBERT

**MIDDLE NAME****SUFFIX****7. CHANGED (NEW) OR ADDED INFORMATION:****7a. ORGANIZATION'S NAME**

OR

**7b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****7c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****7d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR**7e. TYPE OF ORGANIZATION****7f. JURISDICTION OF ORGANIZATION****7g. ORGANIZATIONAL ID #, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.**9a. ORGANIZATION'S NAME**

OR

AMERICAN GENERAL FINANCIAL SERVICES

**9b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****10. OPTIONAL FILER REFERENCE DATA**