

Z Servicing, Inc. Po Box 11832 Zephyr Cove, NV 89448	SPACE IS FOR FILING OFFICE US 1b. This FINANCING STATEME to be filed [for record] (or record) (or record). The Secured Party authorizing this Termin ared Party authorizing this Continuation are of assignor in item 9.	Y: INC NV ecorder ee: 20.0 T: 0.0 SE ONLY NT AMENDMENT is corded) in the reation Statement.
A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Z Servicing, Inc. Po Box 11832 Zephyr Cove, NV 89448 THE ABOVE 1a. INITIAL FINANCING STATEMENT FILE# 0707508 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Security interest(s) of th	Douglas County Werner Christen - R 1 Of 2 F 907 PG- 3909 RPT 1b. This FINANCING STATEME to be filed [for record] (or record) (or record	- NV ecorder ee: 20.0 T: 0.0 SE ONLY NT AMENDMENT is corded) in the leading Statement Statement is
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Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assignments	·	
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8c. MAILING ADDRESS		<u> </u>		/ / 		STATE	DOSTAL CODE	COLI	NTRY	
OC. MAILING ADDRESS			CITY	/ /	1	STATE	POSTAL CODE	COOL	NIFCI	
8d. SEE INSTRUCTIONS	ADD'L INFO RE	18e, TYPE OF ORGANIZATION	196 111	RISDICTION OF ORGA	NIZATION	190 00	GANIZATIONAL ID #, if any	<u></u>		
<u></u>	ORGANIZATION	IDE TIPE OF ORGANIZATION	1101.30	RISBICTIONOFORGA	INIZATION	lieg. Ok	GANIZATIONAL ID #, II ally		П	
A ABBIRDALIA DED	DEBTOR								NONE	
19. ADDITIONAL DEB	TOR'S EXACT FUL	L LEGAL NAME - insert only one	пате (19а	or 19b) - do not abbre	viate or combine name	9S				
, and an	51000			///						
OR 196, INDIVIDUAL'S L	AST NAME		FIRST	NAME /		MIDDLE	NAME	SUFF	-IX	
/			I IXO			IMODEL	(WING	0011		
9c. MAILING ADDRESS			OFFIC			CTATE	POSTAL CODE	COUN	LITOV	
ec. WAILING ADDRESS			CITY			STATE	POSTAL CODE	COOL	NIPCT	
9d. SEEINSTRUCTIONS	ADD'L INFO RE	40° DODE OF ODOLARIZATION	405 111	DISSISTAN OF ORGA	NETATION :	110= 00	GANIZATIONAL ID #, if any			
90. <u>9EE 1131 (0010)13</u>	ORGANIZATION	19e. TYPE OF ORGANIZATION	l iar. 10	RISDICTION OF ORGA	INIZATION	[19g. OR	SANIZATIONAL ID #, II any		\Box	
	DEBTOR	ρ.				<u> </u>	···		NONE	
20. ADDITIONAL SEC 20a. ORGANIZATION		AME (or Name of TOTAL ASSIGN	IEE) - inseri	only <u>one</u> name (20a o	· 20ь)					
25a. ONGANIZATION	O HAME	/)								
OR 206, INDIVIDUAL'S L	ACTAIANE		Elbot			TAUDDI E	NAME	leve	-17	
			1	FIRST NAME			MIDDLE NAME		SUFFIX	
Schopf DE MAILING ADDRESS				John CITY			A. STATE POSTAL CODE		Jr.	
Po Box 12090				Zephyr Cove				USA		
76.				•		NV	89448	US	<u>A</u>	
21. ADDITIONAL SEC 21a. ORGANIZATION	URED PARTY'S N 'S NAME	AME (or Name of TOTAL ASSIGN	IEE) - inseri	only <u>one</u> name (21a o	(21b)					
OR COLUMN IN THE			1,			T		- 1		
216. INDIVIDUAL'S LAST NAME				FIRST NAME			NAME	SUFF	łX	
Schopf				Wendy			en			
21c, MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUN	1TRY	

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