STATEMENT OF CONTINUATION, BELEASE, AMENOMENT, ETC.	FEIN or SSN is required on this form.	2. If space is inadequate, continue on additional sheets of same size, 3. When filing PREPAID ACCO and 2 of this form (with first carbon and stub attached) with the filing fee. 4. Either a
1.(a) DEBTOR NAME & ADDRESS (If an Individua	l, type last name first.)	1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)
GRIESMER JERRY M GRIESMER GINGER G GRANDVIEW MHP #26 EUDORA, KS		
	SSN (Social Security No.) 564–08–8487	FEIN (Federal Employer Ident. No.) SSN (Social Security No.
OR 2. SECURED PARTIES & ADDRESSES (Type Insid		OR ਵਿ
	A State Bank and Trut Co. 7 Pittaburg, Kansas 66762	9 013416 FILED DOUGLAS COUNTY KANSAS 1996 DEC 30 PH 1: 50
. ASSIGNEES & ADDRESSES (Type Inside shaded	d box below)	SUE NEUSTIF TET REGISTER OF DEEDS
		REGISTER OF DEED
. This statement refers to Original Financing Stater	nent No9004407 Orig. Filin	g Date - 04-23-92 Filed with - DOUG LAS- CO ;KS
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