

STATE OF KANSAS
UNIFORM COMMERCIAL CODE - STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENT, ETC. - FORM K-UCC-2

INSTRUCTIONS

1. Please type this form. Fold only along perforation for mailing.
2. Remove Secured Party and Debtor copies and send other 3 copies with interleaved carbon paper to the filing officer, marked ATTENTION: UCC.
3. Enclose filing fee.
4. If the space provided for any item(s) on the form is inadequate, this item(s) should be continued on additional sheets, preferably 8" x 5".
5. At the time of filing, filing officer should return third copy as an acknowledgement.

This STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

1. Debtor(s) (Last Name first) and address(es) Schneider, James A. Schneider, Lois R. 3708 Stetson Lawrence, KS 66049 *Social Security Number(s) listed below	2. Secured Party(ies) (or assignee and address(es)) Emprise Bank N.A. Lawrence 2435 Iowa, P.O. Box 3466 Lawrence, KS 66046	For Filing Officer: (Date, Time, Number and Filing Office) 1991 SEP 19 PM 3-21 DOUGLAS COUNTY FILED REGISTER OF DEEDS
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3. This statement refers to original Financing Statement bearing File No. 9005810
Filed with Douglas County Date Filed DECEMBER 17 19 92

4. ☒ A. Continuation The original Financing Statement bearing the above file number is still effective.
- ☐ B. Termination The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.
- ☐ C. Release From the collateral described in the Financing Statement bearing the above file number the Secured Party of record releases the collateral below.
- ☐ D. Assignment The Secured Party of Record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown below.
- ☐ E. Amendment The Financing Statement bearing the above file number is amended as set forth below:

5. This area for description of collateral, release, collateral if assigned, amendment, or description of real estate, if necessary.
*Social Security Number(s): Schneider, James A., 394-40-9427; Schneider, Lois R., 282-48-3948

By: _____
(Signature(s) of Debtor(s) (necessary only if Item E is applicable))

Emprise Bank N.A.
Lawrence

By: _____
Signature(s) of Secured Party (or assignee)

FORM K-UCC-2--KANSAS UNIFORM COMMERCIAL CODE

6.00
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