	FORM UCC 2 KANSAS STATEMENT OF CONTINUATION, RELEASE, AMENDMENT, ETC.	ace is inadequate, continue on additional sheets of same size. 3. When filling this form (with first carbon and stub attached) with the filling fee. 4. Either a	
Ī	1.(a) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)	1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)	
	WALKER Kevin L WALKER Lester L WALKER Deborah J 1908 E 19th W72 Lawrence, KS 66044	LCON (Carial County Ma	
Ī	FEIN (Federal Employer Ident. No.) SSN (Social Security No.)	FEIN (Federal Employer Ident. No.) SSN (Social Security No.	
	OR 509-82-6504	OR >	
► Fold Line for mailing to Secured Party	2. SECURED PARTIES & ADDRESSES (Type Inside shaded box below) Fir/t / tate Bank and Tru/t Co. P. O. Box 709 / Pittsburg, Kansas 66762 3. ASSIGNEES & ADDRESSES (Type Inside shaded box below)	9012254 F'LED DOUGLAS COUNTY 1996 MAR 27 AM 11: 55 SUE NEUSTIFTED REGISTER OF DELDS	
1 to Secured Party	4. This statement refers to Original Financing Statement No		
▲ Fold Line for mailing to Secured	NO. OF ADDITIONAL SHEETS (II Any)		
	DEBTOR SIGNATURES	SECURED PARTY / ASSIGNEE SIGNATURES	
	Debtor Signatures are required if any amendment changes the classification or value of collateral X X	FIRST STATE BANK AND TRUST • PITTSBURG, KANSAS	

Form 516 - Rev. 6/93 Professional Bank Forms Co.; Box 759; Oxford, KS 67119