



NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
GREEN TREE SERVICING, LLC			
7360 S KYRENE RD			
TEMPE, AZ 85283			
	THE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE # JUN 27,2000 FILE #2		1b. This FINANCING STATE: to be filed [for record] (or	MENT AMENDMEN
TERMINATION: Effectiveness of the Financing Statement identified above	-	REAL ESTATE RECORDS	S
CONTINUATION: Effectiveness of the Financing Statement identified above	· · · · · · · · · · · · · · · · · · ·		
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			······································
· · · · · · · · · · · · · · · · · · ·	ebtor or Secured Party of record. Check only	one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also	so give new DELETE name: Give record na	· · - · · · · - · · · · · · · · · · · ·	
name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:		item 7c; also complete ite	
6a. ORGANIZATION'S NAME	_ _,,,,	<u> </u>	<u></u>
		··· <u> </u>	
6b. INDIVIDUAL'S LAST NAME McGUFFIE	FIRST NAME	MIDDLE NAME	SUFFIX
	ADRIAN		
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	,		
7a. ORGANIZATION S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
TAVID # OOM OD FOU LABOR INFO DE 15. PUBE OF OBSANISTAN			
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any —
DEBTOR			
VACENDACENTE (COLLATEDAL OLIANICE)			
	ral description or describe collateral Descioner	rd .	
	eral description, or describe collateral assigned	d.	
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigned	d.	
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Describe collateral deleted or added, or give entire restated collate 1989 SOUTHERN LIFESTYLE SERIAL #4091 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT (name of assignor, if this is an Assignm	nent). If this is an Amendment author	
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Describe collateral deleted or added, or give entire restated collate 1989 SOUTHERN LIFESTYLE SERIAL #4091 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized GREEN TREE SERVICING, LLC F/K/A CONS	MENDMENT (name of assignor, if this is an Assignation of December 1) and enter name of DE	nent). If this is an Amendment author	
1989 SOUTHERN LIFESTYLE SERIAL #4091 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	MENDMENT (name of assignor, if this is an Assignation of December 1) and enter name of DE	nent). If this is an Amendment author	