

. NAME & PHONE OF CONTACT AT FILER (optional)			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
CONCERCO DESTANCE CODDODATIO			
CONSECO FINANCE CORPORATION			
7360 S KYRENE ROAD TEMBE A 7 95292			
TEMPE, AZ 85283			
	THE ABOV	E SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM to be filed [for record] (or i	MENT AMENDMENT is
997-17722 6/2/1997		REAL ESTATE RECORDS	3
TERMINATION: Effectiveness of the Financing Statement identified above			
. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Se	ecured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	ind address of assignee in item 7c; and also give na	me of assignor in item 9.	
	Debtor or Secured Party of record. Check of	only one of these two boxes.	
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b:			m 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address chare. CURRENT RECORD INFORMATION:	nge) in item 7cto be deleted in item 6a or 6	bbitem 7c; also complete ite	ms 7d-7g (if applicable
6a. ORGANIZATION'S NAME			
P 65 INDIVIDUAL'S LAST NAME	Telborate	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME COX & NORRIS	LYNN & MARY		301.12
CHANGED (NEW) OR ADDED INFORMATION:			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME	IFIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	CITY	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	SHELBY	STATE POSTAL CODE AL 35143	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 520 HWY 408 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY SHELBY	STATE POSTAL CODE	any
76. INDIVIDUAL'S LAST NAME 76. MAILING ADDRESS 520 HWY 408 76. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION DEBTOR	CITY SHELBY	STATE POSTAL CODE AL 35143	COUNTRY
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	NAME OF SECURED PARTY OF RECORD AUTH odds collateral or adds the authorizing Debtor, or if this is a			Assignment). If this is an Amendment au ne of DEBTOR authorizing this Amendm		
9a. ORGANIZATION'S NAME GREEN TREE FINANCIAL COP			PORATION F/k/a Green Tree		Comoration Financial Corporation	
OR	9b. INDIVIDUAL'S LAST NAME OJEDA	FIRST NAME	INA	MIDDLE NAME	SUFFIX	