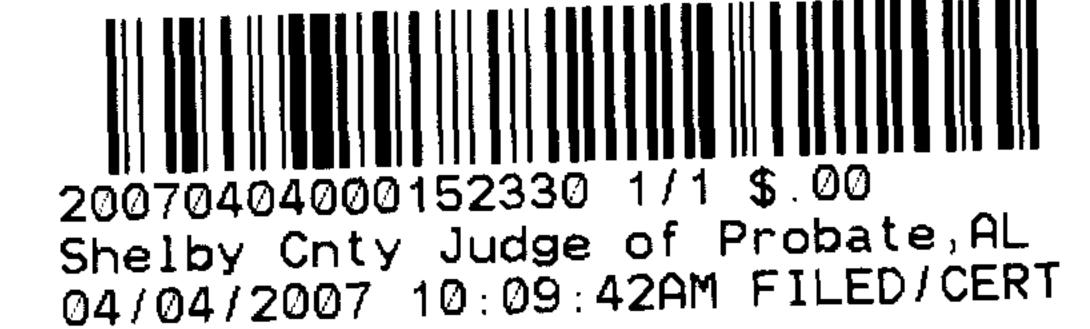
<u>-</u>	 		- -	



_			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
NORMA J. RUSSO			
312 VANTANA DR.			
COLIANA, AL 35051			
	THE	ABOVE SPACE IS FOR FILING OFFICE US	SEONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEME to be filed [for record] (or record)	
7/9/99 File #1999-28823	BK PG	REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identity			
3. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to security interest(s) o	of the Secured Party authorizing this Continuation St	tatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also	o give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect		Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate info			
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address)	sa or 6b; also give new DELETE name: Gives session change) in item 7c. To be deleted in ite		7a or 7b, and also s 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	CUECIV
RUSSO			SUFFIX
	NORMA	M	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	NOKMA		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	NORMA		SUFFIX
7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY ATION 7f. JURISDICTION OF ORGANIZAT	MIDDLE NAME STATE POSTAL CODE 10N g. ORGANIZATIONAL ID #, if any	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR	FIRST NAME CITY ATION 7f. JURISDICTION OF ORGANIZAT	MIDDLE NAME STATE POSTAL CODE 10N g. ORGANIZATIONAL ID #, if any	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated.	FIRST NAME CITY ATION 7f. JURISDICTION OF ORGANIZAT	MIDDLE NAME STATE POSTAL CODE 10N g. ORGANIZATIONAL ID #, if any	SUFFIX
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated.	FIRST NAME CITY ATION 7f. JURISDICTION OF ORGANIZAT	MIDDLE NAME STATE POSTAL CODE 10N g. ORGANIZATIONAL ID #, if any	SUFFIX

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

GREEN TREE SERVICING LLC f/k/a GREEN TREE FINANCIAL CORP

9b. INDIVIDUAL'S LAST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

18346996

DELIA PHIPPS - DRR