	S (front and back) CAREFULLY			
NAME & PHONE OF C	ONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
GREEN TREE SERVICING LLC				
ATTN: DOC CUSTODY T313		20120920	000359860 1/1 \$ 00	
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IEMPE,	AZ 85283			
		THE ABOVE S	PACE IS FOR FILING OFFICE USE	
a. INITIAL FINANCING STATEMENT FILE # 07/25/1997 File #1997-23376			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is to		terminated with respect to security interest(s) of the		tion Statement.
	Effectiveness of the Financing Statement identified above			
	tional period provided by applicable law.			
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and a			
	· · · · · · · · · · · · · · · · · · ·	tor or Secured Party of record. Check only	o <u>ne</u> of these two boxes.	
CHANGE name and/o	wing three boxes a <u>nd provide appropriate information in ite</u> r address: Give current record name in item 6a or 6b; also	give new DELETE name: Give record na	me ADD name: Complete item 7	a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items	7d-7g (if applicab
6a. ORGANIZATION'S N				
66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MCKNIGHT		JETTIE		
	T NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST	I AVVIAITE		;	
76. INDIVIDUAL'S LAS		CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS		CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	
c. MAILING ADDRESS d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	g. ORGANIZATIONAL ID #, if any	
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