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Recording Requested By: WASHINGTON MUTUAL BANK FA

When Recorded Return To:

py

REGIONAL TRUSTEE SERVICES

720 7th Avenue, Suite 100 Seattle, WA 98104

Attn: Reconveyance Division

246213 SUBSTITUTION OF TRUSTEE & DEED OF RECONVEYANCE

STOCKTON 156- WaMu #:0039943881 "Bauck" Lender ID:428/0452310 Klamath, Oregon

State of Oregon, County of Klamath Recorded 11/27/2002 9:37 a m. Vol M02, Pg 68932 Linda Smith, County Clerk Fee \$ 26 # of Pgs 1

102 NOV 27 AM9:37

The undersigned is the present beneficiary and owner of Trust, dated 02/09/2000 made by SHARON L. BAUCK, Grantor(s), to AMERITITLE, as the original Trustee INC., as the original beneficiary, which Deed of Trustrument No. NA, Book M00, Page 5358, in the off	A SINGLE PERSON as the original e, for the benefit of NORWEST MORTGAGE, cust was recorded on 02/18/2000, as
The undersigned HEREBY SUBSTITUTES REGIONAL TRUSTEE named Trustee under said Deed of Trust.	SERVICES, Trustee in lieu of the above
REGIONAL TRUSTEE SERVICES hereby accepts said appointments as Trustee under said Deed of Trust and, as Successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey, without any covenant or warranty express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned under said Deed of Trust.	
IN WITNESS WHEREOF, the present beneficiary and REG these presents to be executed by their duly authori written.	SIONAL TRUSTEE SERVICES have caused zed officers on the dates below
OREGON HOUSING AGENCY	
on OCT 2 1 2002 (DATE)	rustee //- > (DATE)
	By:
KARI CLEVELAND AUTHORIZED SIGNER	Joe Sipavich, Senior Vice President
State of Organ , County of On Organ , before me, County of County, in the State of County, in the State of personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
WITNESS my hand and official seal, Notary Expires: 4/(1/05	OFFICIAL SEAL CRAIG E. TILLOTSON NOTARY PUBLIC-OREGON COMMISSION NO. 344839 MY COMMISSION EXPRES AFRE 11, 2005
State of WASHIN LTON, County of KIN (This area for notarial seal) On this WASHIN LTON, County of KIN (This area for notarial seal) On this WASHIN LTON, County of KIN (This area for notarial seal) On this WASHIN LTON, County of KIN (This area for notarial seal) On this WASHIN LTON, County of KIN (This area for notarial seal) On this WASHIN LTON, County of KIN (This area for notarial seal)	
Witness my happd and seal on //- 20-1>	LISA S. SALANGA
desa Soulange	STATE OF WASHINGTON
Notary Expires: 01/31/04	NOTARY PUBLIC

(This area for notarial seal)
Washington Mutual, 400 E Main St STB1RCN, Stockton, CA 95290-3767 800-282-4840
ETG-20021017-0007 ORKLAMÁ KLAMATH OR BAT: 130257/0039943881 KXORSUB1

MY COMMISSION EXPIRES 1-31-04