

03 APR 16 AM 10:44

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State of Oregon, County of Klamath
Recorded 04/16/2003 10:44 A.m.
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Linda Smith, County Clerk
Fee \$ 26 # of Pgs 1

WHEN RECORDED MAIL TO:
MICHAEL R ANDERSON
TERRI L ANDERSON
PO BOX 763
136355 HWY 97N
GILCHRIST, OR 97737-0763

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

WHEREAS, Michael R Anderson and Terri L Anderson is the original Grantor, First American Title Insurance Comp is the original Trustee, and KeyBank National Association FKA Na is the original Beneficiary, under a certain Deed of Trust dated January 3, 2002 and recorded January 11, 2002 as instrument no. NA in book M02 at page 1889, Official Records of the County of Klamath, State of Oregon and

WHEREAS, the undersigned Beneficiary desires to substitute a new Trustee under said Deed of Trust in place of First American Title Insurance Comp.

Now, therefore, the undersigned Beneficiary substitutes KeyBank USA, NA as Trustee.

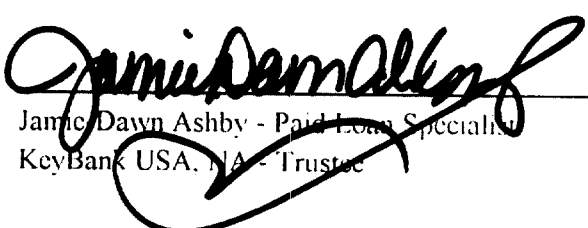
WHEREAS, KeyBank National Association is the undersigned Beneficiary and KeyBank USA, NA is the substituted Trustee, under said Deed of Trust.

Now, therefore, KeyBank USA, NA, as undersigned Trustee, does hereby reconvey, to the person or persons entitled thereto all of the estate and interest derived to it by or through the said Deed of Trust

DATED: April 7, 2003



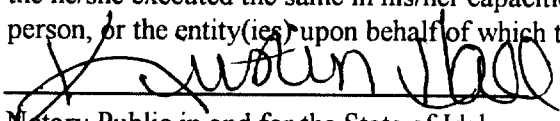
Jamie-Dawn Ashby - Paid Loan Specialist
KeyBank National Association - Beneficiary



Jamie-Dawn Ashby - Paid Loan Specialist
KeyBank USA, NA - Trustee

STATE OF IDAHO)
) ss:
COUNTY OF ADA)

On April 7, 2003, before me the undersigned, a Notary Public in and for said State, personally appeared Jamie-Dawn Ashby - Paid Loan Specialist, personally know to me or proved to me on the basis of satisfactory evidence to be the person whose name subscribed to the within instrument and acknowledged the he/she executed the same in his/her capacities, and that by his/her signatures on the instrument the person, or the entity(ies) upon behalf of which the person acted, executed the instrument.



Notary Public in and for the State of Idaho

APR 25 2008

My Commission Expires: _____

Account #: 03720015953669

