57,149

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|---|--|
| APPOINTMENT OF SUCCESSOR TRUSTEE | 2006-021797 Klamath County, Oregon |
| RE: Trust Deed from WVT SERWICE / ML | 00007577200600217970020025 |
| FIRST AMERICAN TITLE | 10/31/2006 11:25:32 AM Fee: \$26.00 |
| After recording, return to (Name, Address, Zip): MICHARCL E LOUG WC [S73] SW OBSEST (N HC1+ 105-465C SHERWAY) OR HANDER MA HOLL 97140 | |
| fee/file/instrument/microfilm/reception No. The undersigned, who is the present beneficiary of the original trustee named above. | tor, ASPEN TITLE JESCRIN tee, and WITSERVICE /W tiary under that certain trust deed dated //-/5/1999, in book/reel/volume No. MOL at page 3399, and/or as of the Records of KLAMATH County, Oregon. under the trust deed, desires to appoint a new trustee in the place and stead |
| IN WITNESS WHEREOF, the undersigned benef | , whose address is , Oregon, as successor trustee |
| This instrument was ac | knowledged before me on 10-24-06 V: Tropp knowledged before me on 10-24-06 |
| by | V Tropp |

Notary Public for Oregon CACIFORMIA

My commission expires 6-3-09

ALL-PURPOSE ACKNOWLEDGMENT State of California County of rana Cassandra before me, personally appeared 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(ies), and that by his/her/their signatures(s) on the instrument the person(s), CASSANDRA L. LONG Comm. # 1576249 or the entity upon behalf of which the TARY PUBLIC - CALIFORNIA person(s) acted, executed the instrument. WITNESS my hand and official seal. OPTIONAL INFORMATION -The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) DESCRIPTION OF ATTACHED DOCUMENT ☐ INDIVIDUAL ☐ CORPORATE OFFICER TITLE OR TYPE OF DOCUMENT TITLE(S) PARTNER(S) ATTORNEY-IN-FACT NUMBER OF PAGES TRUSTEE(S) ☐ GUARDIAN/CONSERVATOR

APA 5/99

OTHER:

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY (IES

VALLEY-SIERRA, 800-362-3369

RIGHT THUMBPRINT

OF SIGNER DATE OF DOCUMENT

OTHER

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