PIF 10/11/06 **APPOINTMENT OF** 2006-021801 SUCCESSOR TRUSTEE Klamath County, Oregon 10/31/2006 11:28:03 AM Fee: \$26.00 RECORDE KNOW ALL BY THESE PRESENTS that MICHAEL E LONG /WC is the grantor, DSPEN TITLE ESCR is the trustee, and DT SETWICES INC. is the beneficiary under that certain trust deed dated $\frac{12/1/2003}{1}$ in book/reel/volume No. _______at page AS274____, and/or as fee/file/instrument/microfilm/reception No. ______ of the Records of ______KCHMATH ______ County, Oregon. The undersigned, who is the present beneficiary under the trust deed, desires to appoint a new trustee in the place and stead of the original trustee named above. NOW, THEREFORE, the undersigned hereby appoints TRST MERICAN TITLE 404 MAIN ST, KLAMATH FALLS 97601 ..., Oregon, as successor trustee under the trust deed, to have all the power of the original trustee, effective imprediately.* In construing this instrument, and whenever the context so requires, the singular includes the plural. IN WITNESS WHEREOF, the undersigned beneficiary has executed this document If the undersigned is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person tilly authorized to do so by order of its board of directors. DATED (2 WILLIAM

> > My commission expires ______

ALL-PURPOSE ACKNOWLEDGMENT State of California County of before me, William personally appeared personally known to me proved to me on the basis of satisfactory - OR evidence to be the person(s) whose name(s) istare 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)) er/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the CASSANDRA L. LONG Comm. # 1576249 IOTARY PUBLIC CALIFORNIA Orange County 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

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