

2006-025284

Klamath County, Oregon



AFTER RECORDING PLEASE RETURN TO:

12/26/2006 09:08:32 AM

Fee: \$26.00

METLIFE INSURANCE COMPANY
Attn: Collateral Services/PLJ/030234081
Post Office Box 25965
Shawnee Mission, KS 66225-5965
Phone No. 1-800-894-9205

Loan No. 185372

SUBSTITUTION OF TRUSTEE

METLIFE INSURANCE COMPANY OF CONNECTICUT f/k/a The Travelers Insurance Company, a Connecticut corporation, having an address c/o Citigroup Investments, Inc. at 8717 W. 110th Street, Suite 700 Overland Park, Kansas 66210-2101

WHEREAS, **WC Ranch, Inc., Michael B. Wray, John W. Dey, and Nancy L. Dey**, were the original Trustor, the **AmeriTitle** was the original Trustee and **The Travelers Insurance Company**, was the original Beneficiary under that certain Deed of Trust dated **January 25, 1999**, and recorded on **January 29, 1999**, in Volume **M99, Page 3405**, as Document No. **73860**, of Official Records of **Klamath County, State of Oregon**.

WHEREAS, the present Beneficiary under said Deed of Trust is **METLIFE INSURANCE COMPANY OF CONNECTICUT f/k/a The Travelers Insurance Company**, as Trustee, 8717 W. 110th Street, Suite 700 Overland Park, Kansas 66210-2101

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and stead of said original Trustee thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes **METROPOLITAN LIFE INSURANCE COMPANY a New York corporation**, as Trustee, whose mailing address is 8717 W. 110th Street, Suite 700 Overland Park, Kansas 66210-2101, as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

IN WITNESS WHEREOF, this document has been executed this 4th day of DECEMBER, 2006.

**METLIFE INSURANCE COMPANY OF
CONNECTICUT**

f/k/a The Travelers Insurance Company, a
Connecticut corporation

BY: METROPOLITAN LIFE INSURANCE
COMPANY, a New York corporation,
its Investment Manager

By: 

Name: Darrell J. Smith
Director

ACKNOWLEDGMENT

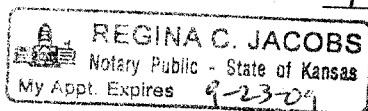
STATE OF KANSAS)
COUNTY OF JOHNSON) §

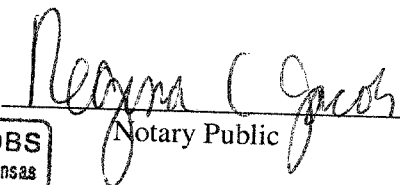
On DECEMBER 4, 2006, before me REGINA C JACOBS personally
(Insert Name of Notary Public and Title)

appeared Darrell J. Smith, Director for Metropolitan Life Insurance Company,
(hereafter "Corporation"), personally known to me (or proved to me 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
signature(s) 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.

My Commission Expires:




Notary Public