Recording Requested By: WASHINGTON MUTUAL BANK, FA

When Recorded Return To:

Washington Mutual PO BOX 45179 JACKSONVILLE, FL 32232-5179

2007-015194 Klamath County, Oregon

Fee: \$26.00

WASHINGTON MUTUAL CUENT OF	ION OF TRUSTEE & DEED OF RECONVEYANCE
PIF: 08/06/2007 The undersigned is the present l	Lender ID:262/003/368961176 Klamath, Oregon
the original beneficiary, which Deed of T as Instrument No.: M06-11544 ^V , in the o	ary and owner and holder of the Note and the Deed of Trust, Dated: LOPP AND SANDY KLOPP HUSBAND AND WIFE as the original Grantor(s), e original Trustee, for the benefit of WASHINGTON MUTUAL BANK, FA, as frust was recorded on 06/07/2006 in Book/Reel/Liber: N/A Page/Folio: N/A
The undersigned HEREBY SUBSTITUT named Trustee under said Deed of Trus	ES CALIFORNIA RECONVEYANCE COMPANY, Trustee in lieu of the above t.
persons legally entitled thereto, all of the	ANY hereby accepts said appointments as Trustee under said Deed of Trust the request of said Owner and Holder and in accordance with the provisions vey, without any covenant or warranty express or implied, to the person or estate held by the undersigned under said Deed of Trust.
IN WILLNESS WHEREOF the property	eneficiary and CALIFORNIA RECONVEYANCE COMPANY have caused uly authorized officers on the dates below written.
WASHINGTON MUTUAL BANK, FA	By CALIFORNIA RECONVEYANCE
On <u>August 22nd, 2007</u>	COMPANY as Trustee On
By: Jocelyn Tate, Lien Release Assistant Secretary	By: DAMIR PERUSIC , LIEN RELEASE ASSISTANT SECRETARY
STATE OF Florida COUNTY OF Duval	
	dersigned, a Notary Public in and for Duval in the State of Florida, elease Assistant Secretary, personally known to me to be the person strument and acknowledged to me that he/she executed the same in her gnature on the instrument the person, or the entity upon behalf of which t. WITNESS my hand and official seal
WITNESS my hand and official seal,	y hard and oniolal Seal.
Notary Expires: / /	MIRIAM E. HAPNER Commission DD365383
Mirlam E. Hapner	Expires October 24, 2008 Bonded Thru Truy Fain Insurance 800-355-7019 (This area for notarial seal)
within instrument and acknowledged to	J. DICKEY, a Notary Public in and for Duval in the State of Florida, IEN RELEASE ASSISTANT SECRETARY, personally known to me (or evidence) to be the person(s) whose name(s) is/are subscribed to the that he/she/they executed the same in his/her/their authorized capacity, strument the person(s), or the entity upon behalf of which the person(s)
WITNESS my hand and official seal,	IRMA J. DICKEY

IRMA J. DICKEY Notary Expires: 08/28/2009 #DD466371



(This area for notarial seal)

JAJAWAMT*08/22/2007 11:40:49 AM* WAMU05WAMU000000000000000004289125* ORKLAMA* 3062903392 ORSTATE_TRUST_SUB *AC*ACWAMT*

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