

1st 1809648 AR

2012-001281

Klamath County, Oregon



00113549201200012810030034



THIS SPACE R

02/03/2012 01:45:25 PM

Fee: \$47.00

After recording return to:

Bruce W & Shawna L Hawkins  
19350 Yonna Dr  
Bonanza OR 97623

Trustee Address:

c/o First American Title  
404 Main Street, Ste 1  
Klamath Falls, OR 97601

Beneficiary Address:

Plumas Bank

11638 Donner Pass Rd  
Truckee CA 96161

File No.: 7021-1809648 (ALF)

Date: January 18, 2012

### APPOINTMENT OF SUCCESSOR TRUSTEE

The undersigned hereby state that they are the owner and holder of the beneficial interest in that certain trust deed:

Grantor:	<b>Bruce W Hawkins and Shawna L Hawkins</b>
Trustee:	<b>Amerititle and on July 21, 2011 Plumas Bank was appointed in document No. 2011-7498</b>
Beneficiary:	<b>Plumas Bank</b>
Dated:	<b>March 19, 2009</b>
Recorded:	<b>March 20, 2009</b>
Recorder's Number:	<b>2009-4019</b>
Records of	<b>klamath County</b>

That the undersigned hereby appoints **First American Title Insurance Company of Oregon** as Successor Trustee with all rights, interest and power, including, without limitation, the right to reconvey our interest, as granted the original Trustee in the above referenced trust deed.

Dated this 18th day of JANUARY, 2012

F

APN: R335854

Appointment of Successor Trustee  
- continued

File No.: 7021-1809648 (ALF)  
Date: January 18, 2012

Sarena Barker

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ as of \_\_\_\_\_, on behalf of  
the \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My commission expires:

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of PLUMAS

On JANUARY 18, 2012 before me, I. AMODEI, A NOTARY PUBLIC

Here Insert Name and Title of the Officer

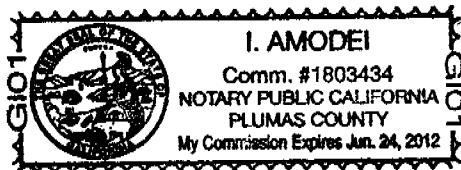
personally appeared SARAH BARKER

Name(s) of Signer(s)

who 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above

Signature I. Amodi

Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

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