Recording Requested By: THRIVENT FINANCIAL BANK

When Recorded Return To:

JERROD THOMPSON 5950 ALVA AVE KLAMATH FALLS, OR 97603-4040 2012-011782

Klamath County, Oregon 10/23/2012 02:03:27 PM

Fee: \$37.00

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SUBSTITUTION	OF TRUSTEE	& DEED OF	F RECONVEY	ANCE

THRIVENT FINANCIAL BANK #:64617103099 "THOMPSON" Klamath, Oregon Thrivent Financial Bank is the present beneficiary and owner and holder of the Note and the Deed of Trust, Dated: 08/04/2004 made by JERROD K THOMPSON as the original Grantor(s), to AMERITITLE, as the original Trustee, for the benefit of ABN AMRO MORTGAGE GROUP, INC., as the original beneficiary, which Deed of Trust was recorded on 08/05/2004 in Book/Reel/Liber: M04 Page/Folio: 51362-69 as Instrument No.: N/A , in the official records of Klamath County, Oregon

Property Address: 5950 ALVA AVE, KLAMATH FALLS, OR 97601

Thrivent Financial Bank HEREBY SUBSTITUTES TRACKER INC., Trustee in lieu of the above named Trustee under said Deed of Trust.

TRACT TRACKER INC hereby accepts said appointments as Trustee under said Deed of Trust and, as Successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey, without any covenant or warranty express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned under said Deed of Trust.

IN WITNESS WHEREOF, the present beneficiary and TRACT TRACKER INC have caused these presents to be executed by their duly authorized officers on the dates below written.

Thrivent Financial Bank On October 18th. 2012 By: NATHAN LANG, AVE Consumer Loan Operations	By TRACT TRACKER INC as Trustee On By:
Wisconsin, personally appeared NATHAN LANG, AVP proved to me on the basis of satisfactory evidence) to be within instrument and acknowledged to me that he/she/	LIN, a Notary Public in and for Outagamie in the State of Consumer Loan Operations, personally known to me (or be the person(s) whose name(s) is/are subscribed to the they executed the same in his/her/their authorized capacity, a person(s), or the entity upon behalf of which the person(s)
STATE OF COUNTY OF	
WITNESS my hand and official seal,	