Fee: \$57.00

## MTC 1394-11586

## APPOINTMENT OF SUCCESSOR TRUSTEE

Pursuant to ORS 86.790 (3) the present beneficiary hereby appoints **AmeriTitle**, 300 Klamath Ave., Klamath Falls, OR 97601, as Successor Trustee of the following designated Trust Deed, said Successor Trustee having all the powers of the original Trustee, effective herewith:

Grantor:	Scott D. MacArthur and Darleen A. MacArthur		
Trustee:	Stanley D. L. MacArthur		
Beneficiary:	·		
Recorded:	,		
Volume:	Volume M99, Page 44318, Microfilm Records of Klamath County,		
	Oregon		
Page 07502 a	Deed was subsequently assigned by Instruments recorded in Volume M06, and Volume 2014-008104, Microfilm Records of Klamath County, Oregon, D. L. MacArthur and Donna M. MacArthur, Trustees of the Stanley D. L.		
MacArthur an	nd Donna M. MacArthur Trust, under instrument dated July 25, 2014		
Dated: Aug	Stanley D. L. Mac Arthur, Trustee		
	By: Donna M. Mac Arthur Trustee  Donna M. MacArthur, Trustee		
State of			
***************************************	) SS.		
County of			
On	, 2015, before me, a		
Notary Public	c for the State of , personally appeared the above		
	by D. L. MacArthur and Donna M. MacArthur, who proved to me on the		
	factory evidence to be the persons whose names are subscribed to the within		
	nd acknowledged that they executed the same in their authorized capacities,		
	neir signatures on the instrument, the persons or the entity upon behalf of		
which the pers	sons acted, executed the instrument.		
	a constant of the constant of		
Witness my h	nand and official seal.		
	a nacrical		
Notary Public			
My commissi	ion expires:		
/	a alcopyled appoint	_	
	Califor expires: admitted generat		

AFTER RECORDING RETURN TO: AmeriTitle – Account Servicing 300 Klamath Ave. Klamath Falls, OR 97601

AMERITITLE has recorded this instrument by request as an accomodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

## ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Stanislaus	}		
On Augu, 3015 before me,	Laren Minyard Notay Public (Here insept hame and this of the officer)		
personally appeared Stanfey D.L. MacArthur Donna M. MacArthur 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/he	ent the person(s) or the entity upon behalf of		
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corre	under the laws of the State of California that		
the foregoing paragraph is true and con-	KAREN MINYARD COMM. #1974932 ≧		
WITNESS my hand and official seal.	NOTARY PUBLIC-CALIFORNIA STANISLAUS COUNTY My Comm. Expires Apr. 13, 2016		
Allen Officer			
Notary Public Signature (Not	ary Public Seal)		
ADDITIONAL OPTIONAL INFORMATION	INSTRUCTIONS FOR COMPLETING THIS FORM		
DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowwedgents from		
Appointment of	other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.		
(Title or Idescription of attached document) SUCCESSCY Trustee	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>		
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed.  • The notary public must print his or her name as it appears within his or her		
Number of Pages Document Date	commission followed by a comma and then your title (notary public).  • Print the name(s) of document signer(s) who personally appear at the time of notarization.		
CAPACITY CLAIMED BY THE SIGNER	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /are) or circling the correct forms. Failure to correctly indicate this</li> </ul>		
☐ Individual (s)☐ Corporate Officer☐	<ul> <li>information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible.</li> </ul>		
(Title)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.		
☐ Partner(s)	<ul> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> </ul>		
☐ Attorney-in-Fact ☐ Trustee(s)	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.		
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>		
2015 Version www.NotaryClasses.com 800-873-9865	• Securely attach this document to the signed document with a staple.		