

After Recording Return to:
AmeriTitle, 300 Klamath Ave., Klamath Falls, OR 97601
For Further Delivery To:
Howard J. Tompkins and Cynthia F. Tompkins
5024 Wocus Road, Klamath Falls, OR 97601

2016-005053
Klamath County, Oregon
05/13/2016 02:03:29 PM
Fee: \$47.00



Customer Reference No:
AMT Reference No. 81699AM/106836 AM
2011-001390; 2013-005874

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS:

That Howard J. Tompkins and Cynthia F. Tompkins are the Grantors, and First American Title is the Trustee; and Edward L. Tompkins, Trustee of the Tompkins Q-Tip Revocable Trust and Edward L. Tompkins, Trustee of the Tompkins Survivor Trust ** is the beneficiary, under Deed of Trust dated January 24, 2011, recorded on February 7, 2011, as Instrument No. 2011-001390 records of Klamath County, OR.

**The beneficial interest under said Deed of Trust was assigned of record to John E. Tompkins and Kathleen S. Tompkins, Trustees or their successors in interest under the terms of the Tompkins Family Revocable Trust, dated April 30, 2001, as the separate property of John E. Tompkins, as to an undivided one-half (1/2) interest; and the John P. Cavellini and Diane L. Cavellini, Trustees, and any successor Trustees, of the Cavellini Family Trust, under Declaration of Trust, dated June 18, 2004, as the separate property of Diane L. Cavellini, as to an undivided one-half (1/2) interest by assignment, Recorded: September 24, 2013
Instrument No.: 2013-010819

The undersigned, who is the present Beneficiary under said Deed of Trust desires to appoint a new Trustee in the place and stead of the original Trustee named above;

NOW THEREFORE, in view of the premises, the undersigned hereby appoints AmeriTitle, whose address is 300 Klamath Ave., Klamath Falls, OR 97601, as successor Trustee, under said Deed of Trust, they have all the powers of said original Trustee, effective forthwith. IN WITNESS WHEREOF, the undersigned Beneficiary has caused their name to be hereunto subscribed this 25 day of February, 2016.

Tompkins Family Revocable Trust

By: John E. Tompkins, Trustee
John E. Tompkins, Trustee

By: Kathleen S. Tompkins, Trustee
Kathleen S. Tompkins, Trustee
Trustee

State of _____ } ss
County of _____ }

On this day of _____, 2016, before me, _____
a Notary Public in and for said state, personally appeared John E. Tompkins and Kathleen S. Tompkins, Trustees of Tompkins Family Revocable Trust, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

SEE ATTACHED
CALIFORNIA
NOTARIZATION

Notary Public for the State of _____
Residing at: _____
Commission Expires: _____

CALIFORNIA 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 SANTA CLARA

On 25 FEB 2016 before me, KIRTI I. PATEL, Notary Public,
(Here insert name and title of the officer)

personally appeared JOHN E. TOMPKINS & KATHLEEN S. TOMPKINS

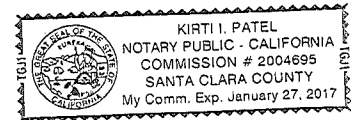
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their authorized capacity(ies), and that by ~~his~~/her/their signature(s) on the instrument 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.

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

APPOINTMENT OF SUCCESSOR
(Title or description of attached document)

TRUSTEE
(Title or description of attached document continued)

Number of Pages 1 Document Date 02/25/2016

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☒ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which 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 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.
- 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 information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document