

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL TO:**

UPF WASHINGTON INCORPORATED
12410 E MIRABEAU PKWY #100
SPOKANE VALLEY, WA 99216
Ref. No. 480398-S (P) (E)

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

Oregon Housing & Community Services Dept., State of Oregon, the undersigned beneficiary, whose address is 725 Summer St NE Ste B, Salem, Oregon 97301, holder of the note secured by a Deed of Trust dated 12/20/2007, executed by Manuel R Mendoza and Patricia Ann Mendoza, as tenants by the entirety, as Grantor(s), to Aspen Title & Escrow Inc, as Trustee for Oregon Housing & Community Services Dept., State of Oregon, as beneficiary, which Deed of Trust recorded on 12/21/2007, as Document/Instrument No. 2007-021288, Book No. N/A, Page No. N/A, records of Klamath County, Oregon, hereby substitutes BRAD L WILLIAMS, an Oregon attorney, 12410 E Mirabeau Pkwy #100, Spokane Valley, WA 99216, as Substitute Trustee of the above Deed of Trust.

BRAD L WILLIAMS, an Oregon attorney, hereby accepts said appointment as Trustee under above Deed of Trust and as substitute trustee, pursuant to the request of the present Beneficiary and in accordance with the provisions of said Deed of Trust, does hereby reconvey without warranty, to the person or persons legally entitled thereto, all the estate now held by him under above Deed of Trust.

DATED: 12/30/2016

DATED: 12/30/2016

OREGON HOUSING & COMMUNITY
SERVICES DEPT., STATE OF OREGON

Kim Freeman

BY: Kim Freeman, Single Family Housing
Manager

BY:

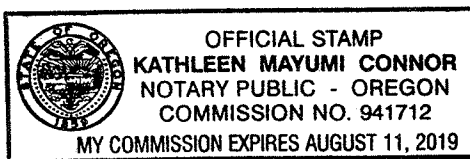
Brad L. Williams

Brad L. Williams, Substitute Trustee

STATE OF OREGON County of Marion. ** of Oregon Housing and Community Services,*
01.03.2017

On ~~12/30/2016~~, before me, the undersigned Notary Public, personally appeared Kim Freeman, Single Family Housing Manager, ~~personally known to me (or 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 entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Kathie Connor

NOTARY PUBLIC in and for the State of Oregon

Printed Name:

Kathie Connor

My commission expires:

August 11, 2019

STATE OF WASHINGTON COUNTY OF SPOKANE:

On 12/30/2016, before me, the undersigned Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Brad L. Williams, Successor Trustee**, personally known to me or 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.

WITNESS my hand and official seal.

Notary Public
State of Washington
Aimee D. Rasmussen
Commission Expires 07-01-2020

Aimee D Rasmussen

NOTARY PUBLIC in and for the State of Washington

Printed Name:

AIMEE D. RASMUSSEN

My commission expires:

7-1-2020