

RECORDING REQUESTED BY AND  
AFTER RECORDING MAIL TO:

UPF WASHINGTON INCORPORATED  
12410 E MIRABEAU PKWY #100  
SPOKANE VALLEY, WA 99216  
Ref. No. 607354-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 12/18/2007, executed by Maria E Gonzalez, as Grantor(s), to First American Title Insurance Company of Oregon, 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. 2007-021314, 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: May 20<sup>th</sup> 2019

DATED: 6/4/19

OREGON HOUSING & COMMUNITY  
SERVICES DEPT., STATE OF OREGON

Kim Freeman

BY: Kim Freeman, Single Family Housing  
Manager

BY: Brad L. Williams

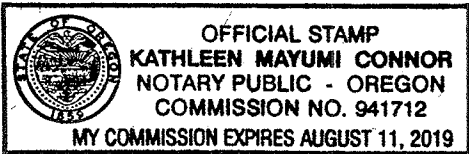
Brad L. Williams, Substitute Trustee

STATE OF OREGON County of Marion.

\*of Oregon Housing and Community Services,

On May 20<sup>th</sup> 2019, 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.



Kathleen Connor

NOTARY PUBLIC in and for the State of Oregon

Printed Name: Kathleen Mayumi Connor

My commission expires: August 11, 2019

STATE OF WASHINGTON COUNTY OF SPOKANE:

On 6-4-19, 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.