2019-009774

Klamath County, Oregon

08/26/2019 11:07:01 AM

Fee: \$87.00

RECORDING REQUESTED BY AND AFTER RECORDING MAIL TO:

UPF WASHINGTON INCORPORATED 12410 E MIRABEAU PKWY #100 SPOKANE VALLEY, WA 99216 Ref. No. 629578-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 11/5/2004, executed by Robert C Bailey Sr and Belinda K Bailey, as Grantor(s), to First American Title Insurance Company, as Trustee for Oregon Housing & Community Services Dept., State of Oregon, as beneficiary, which Deed of Trust recorded on 11/9/2004, as Document/Instrument No. N/A, Book No. M04, Page No. 77303, 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

of said Deed of Trust, does hereby reconvey we the estate now held by him under above Deed	vithout warranty, to th	ne person or persons legally er	
DATED: August 6th 2019	DATED:	8/20/19	/
OREGON HOUSING & COMMUNITY SERVICES DEPT., STATE OF OREGON	**		
BY: Kim Freeman, Single Family Housing		Williams, Substitute Trustee	<u> </u>
Manager STATE OF OREGON County of Marion.	X = I		Services
On August 6 2019, before			
Kim Freeman, Single Family Housing Mar of satisfactory evidence) to be the person and acknowledged to me that he/she/they	nager rpersonally k (s) whose name(s)	nown to me (or proved to m is/ are subscribed to the wit	le on the pasis hin instrument
and that by hie/her/their signature(s) on the person(s) acted, executed the instrument.	e instrument the p		
WITNESS my hand and official seal.			



NOTARY PUBLIC in and for the State of Oregon

this Corner

Printed Name:

Kathleen Mayumi Conner

My commission expires:

Avaust II,

STATE OF WASHINGTON COUNTY OF SPOKANE:

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.

DEBRA K BAUMGARTNER **NOTARY PUBLIC** STATE OF WASHINGTON COMMISSION NUMBER 149124 COMMISSION EXPIRES AUG. 12, 2022

M NOTARY PUBLIC in and for the State of Washington

Printed Name:

DEBRAK BAUMGARTNER

My commission expires: