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.

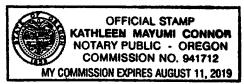
BRAD L WILLIAMS, an Oregon attorney, hereby accepts said appointment as Trustee under above Deed of Trust and as substitute trustee, pursuant to the request of the present Beneficiary and in accordance with the provisions of said Deed of Trust, does hereby reconvey without warranty, to the person or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

DAT	ED: August 6th 2019	DATE	ED:	8/20/19	
SER	GON HOUSING & COMMUNITY VICES DEPT., STATE OF OREGON KIM KUMAN	BY:	(A)	n.a_	
BY:	Kim Freeman, Single Family Housing Manager	•	Brad L.	Williams, Substitute Trustee	_
STATE OF OREGON County of Marion. * of Oregon Housing and Community Services					
On	August 6th 2019, before me	e, the i	undersig	ned Notary Public, persona	lly 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 hie/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the

WITNESS my hand and official seal.

person(s) acted, executed the instrument.



NOTARY PUBLIC in and for the State of Oregon

Conner

Printed Name:

Kathleen Mayumi Connor

My commission expires:

Avgust 11, 2019

STATE OF WASHINGTON COUNTY OF SPOKANE:

On State of Washington, 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.

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

NOTARY PUBLIC in and for the State of Washington

Printed Name:
My commission expires:

DEBRAK BAUMGARTNER