

2019-014686

Klamath County, Oregon

12/18/2019 10:59:27 AM

Fee: \$87.00

After Recording Return to:
Shapiro & Sutherland, LLC
1499 SE Tech Center Place, Suite 255
Vancouver, WA 98683
S&S #19-126135

SUBSTITUTION OF TRUSTEE

WHEREAS, the undersigned beneficiary, Carrington Mortgage Services, LLC, desires to substitute a new Trustee under the following described Trust Deed in the place and stead of the present Trustee thereunder, and

WHEREAS, Clyde Smith and Joann Smith, Husband and Wife, as Tenants by the Entirety, was the original grantor, Mortgage Electronic Registration Systems, Inc., acting solely as nominee for Carrington Mortgage Services, LLC, its successors and assigns was the original named beneficiary, and AmeriTitle was the original trustee, and the trust deed is dated September 24, 2018, and was recorded September 26, 2018, 2018-011755, in the official records of Klamath County, Oregon and

WHEREAS, the undersigned is the present Beneficiary under the Trust Deed as defined under ORS 86.705(2).

NOW, THEREFORE, the undersigned hereby substitutes SHAPIRO & SUTHERLAND, LLC, whose address is 1499 SE Tech Center Place, Suite 255, Vancouver, WA 98683, as Trustee under said Trust Deed.

Date: 12-12-19

Carrington Mortgage Services, LLC

Magda Awad

NAME
TITLE

Magda Awad

Default Supervisor-Foreclosure

STATE OF _____)
) SS.
COUNTY OF _____)

On this ____ day of _____, 2019, before me the undersigned a Notary Public appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the _____ of Carrington Mortgage Services, LLC, the corporation that executed the within instrument, also known to me to be the person who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, the date first hereinabove written.

see attached

Notary Public for State indicated above
My commission expires: _____

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.

CALIFORNIA ALL – PURPOSE

CERTIFICATE OF ACKNOWLEDGMENT

State of California

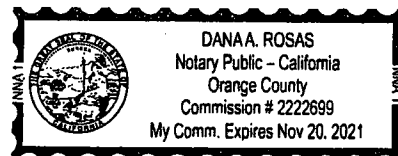
County of Orange

On 12/12/2019 before me, DANA A ROSAS, Notary Public, personally appeared, MAGDA AWAD, 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 _____ (Seal)



DANA A. ROSAS, NOTARY PUBLIC

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(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