RECORDING REQUESTED BY

Stephen Schwarz

AND WHEN RECORDED MAIL TO:

Name

Stephen Schwarz

Street

Address 2212 S. 6th Street

Assessors Parcel Number:

City & State

Klamath Falls, Or. 97601

Stati Zip

Title Order No.

Escrow No.

Escrov

2020-010771 Klamath County, Oregon



08/27/2020 01:11:17 PM

Fee: \$122.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

The undersigned, Stephen Duncan, Maria Duncan and Deleah Duncan

present Beneficiary, as owner and holder of the Note Secured by Deed of Trust dated November 23, 1998 made by Stephen Schwarz

as Trustor, to First American Title Insurance Company

as original Trustee, for

See Exhibit "A" attached hereto

as Beneficiary, which Deed of Trust was recorded December 4, 1998 , as Instrument Number 70870 in book M98 , page 44340 , Official Records of Klamath County, OR. Gounty, California, hereby appoints and Substitutes Stephen Duncan, Maria Duncan and Deleah Duncan

as Trustee in lieu of the Trustee therein.
As such duly appointed and substituted Trustee,
Stephen Duncan, Maria Duncan and Deleah Duncan

accepts said appointment as Trustee under the above Deed of Trust, and as successor Trustee, and pursuant to the request of said owner and holder 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, title and interest now held by said trustee under said Deed of Trust. Wherever the text of this document so requires, the singular includes the plural.

IN WITNESS WHEREOF, the owner and holder above named, and Stephen Duncan, Maria Duncan and Deleah Duncan

as successor Trustee, has caused this instrument to be executed, each in its respective interest.

DATE: May 7, 2020

Stephen Duncan

Maria Duncan

DATE: May 7, 2020

Successor Trustee

Stephen Duncar

Maria Duncan

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as successor Trustee, has caused this instrument to be executed, each in its respective interest.

DATE: May 7, 2020

Beneficiary

Deleah Duncan

DATE: May 7, 2020

Successor Trustee

Deleah Duncan

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.

STATE OF CALIFORNIA COUNTY OF RIVERSIDE	
on May 7th, 2020	before me,
M. Samaniego (here insert pame and title of the officer	<u>, </u>
•	
notary public, personally appeared Stephen	Duncan
who proved to me on the basis of satisfactory experson(s) whose name(s) (s) are subscribed to the and acknowledged to me that (e) she/they executives), and that signature(s) on the instrument the person(s), or the of which the person(s) acted, executed the instrument	within instrument ited the same in by his/her/their entity upon behalt
I certify under PENALTY OF PERJURY under the la California that the foregoing paragraph is true and c	
WITNESS my hand and official seal Signature . Aantya	
A notary public or other officer completing the verifies only the identity of the individual who document to which this certificate is attached the truthfulness, accuracy, or validity of that details a second of the completion o	signed the ed, and not
STATE OF CALIFORNIA COUNTY OF	
on May 7th, 2020	before me,
(here insert name and title of the officer	
notary public personally appeared Stepen	

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that (s) she/they executed the same in (ii) her/their authorized capacity(ies), and that by (ii) her/their signature(s) on the instrument the person(s), or the entity upon behalf

I certify under PENALTY OF PERJURY under the laws of the state of

of which the person(s) acted, executed the instrument.

WITNESS my harnd and official/seal

Signature

California that the foregoing paragraph is true and correct.

M. SAMANIEGO COMM.# 2292850 ENOTARY PUBLIC - CALIFORNIA O SAN BERNARDINO COUNTY O COMM. EXPIRES JUNE 13, 2023

(This area for official notarial seal)



(This area for official notarial seal)

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.

COUN	E OF CA	alifornia Of <u>K</u>	<u>iverside</u>				
On_	Mar		,2020		be	efore me,	
	De	eah-	Ounca	AH.Sam	ranieq	o, Notary	Public
(here insert name and title of the officer)							
notary public, personally appeared Deleah Duncan							
person and a his/he signat	n(s) who cknowle their ure(s) o	ose name(æ edged to m authorized n the instrur	ne basis of s (i) /are subs ne that he/fi capacity(ies ment the pers	cribed to the /they execute), and that son(sy), or the	e within i cuted the it by hi e entity up	instrument same in is/ner/their	
of which the person(y) 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

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.

STATE OF CALIFORNIA COUNTY OF Riverside

On May 7th, 2020 before me,

M. Samaniego

(here insert dame and title of the officer)

Indiany public, personally appeared Deleah Duncan

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s)/are subscribed to the within instrument and acknowledged to me that he/s)/they executed the same in his/he/their authorized capacity(iss), and that by his/he/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



(This area for official notarial seal)



(This area for official notarial seal)

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

On May 7th, 2020 before me, M. Samaniego, Notary Public (Hardinset name and title of the officer)

personally appeared Maria Duncan

State of California

County of Riverside

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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.					
l certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.				
WITNESS my hand and official seal.	M. SAMANIEGOZ COMM.# 2292850 COMM.# C292850 COMM.# CALIFORNIA SAN BERNARDINO COUNTY O COMM. EXPIRES JUNE 13, 2023				
Notary Public Signature (No	otary Public Seal)				
ADDITIONAL OPTIONAL INFORMATI	ON This County C				
DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.				
(Title or description of attached document)	 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 				
(Title or description of attached document continued) Number of Pages Document Date	 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 				
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /ere) 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 				
(Title) □ Partner(s) □ Attorney-in-Fact □ Trustee(s)	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.				
Other	 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 with a staple.

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

State of California	}
County of <u>Riverside</u>	
On May 7th, 2020 before me,	M. Samaniego, Notary Public (Herrichsertname and title of the officer) Duncan factory evidence to be the person(sy whose
personally appeared Maria	Duncan
name(s)(is) are subscribed to the within he/she/they executed the same in his/r	factory evidence to be the person(s) whose instrument and acknowledged to me that ie)/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of e instrument.
	under the laws of the State of California that
the foregoing paragraph is true and co	rect.
WITNESS my hand and official seal.	M. SAMANIEGO COMM.# 2292850 COMM.# 2292850 COMM.# 2292850 COMM.# 2292850 COMM. # 2292850 COMM. EXPIRES JUNE 13, 2023
Notary Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM
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Number of Pages Document Date	 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
CAPACITY CLAIMED BY THE SIGNER	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (s)	he/she/they, is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	 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
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☐ Partner(s)☐ Attorney-in-Fact.	the county clerk. Additional information is not required but could help to ensure this
☐ Trustee(s) ☐ Other	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).

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· Securely attach this document to the signed document with a staple.

EXHIBIT "A"

Original Beneficiary was Darwin D. Duncan and Rose M. Duncan.

By a Document entitled "ASSIGNMENT OF DEED OF TRUST", dated March 10, 2008 and recorded June 10, 2008 as instrument number 2008-008471, the aforementioned Deed of Trust was assigned to: Stephen Duncan, Maria Duncan and Deleah Duncan.

EXHIBIT "B"

LOT 5 IN BLOCK 6 OF FIRST ADDITION TO KENO WHISPERING PINES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

EXCEPTING THEREFROM THE WEST 277 FEET THEREOF.