

2022-000364

Klamath County, Oregon



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01/10/2022 02:01:43 PM

Fee: \$97.00

OREGON

COUNTY OF KLAMATH

LOAN NO.: 0000294021



WHEN RECORDED MAIL TO:
FIRST AMERICAN MORTGAGE SOLUTIONS
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. 208-528-9895

APPOINTMENT OF SUCCESSOR TRUSTEE AND DEED OF RECONVEYANCE

WHEREAS, the Undersigned, CAF BRIDGE BORROWER FIG LLC is the current beneficiary of that certain Deed of Trust dated NOVEMBER 25, 2019, executed by TH7, LLC, Trustor, to FIRST AMERICAN TITLE INSURANCE COMPANY, Original Trustee, for the benefit of COREVEST AMERICAN FINANCE LENDER LLC, Original Beneficiary, and recorded on NOVEMBER 25, 2019 as Instrument No. 2019-013785 in the Records of the County Clerk's Office in and for the County of KLAMATH, State of OREGON.

LEGAL DESCRIPTION: AS DESCRIBED IN SAID DEED OF TRUST

PROPERTY ADDRESS: 2660 SHASTA WAY, KLAMATH FALLS, OR 97603

WHEREAS, the Undersigned desires, to substitute a Trustee under said Deed of Trust, in the place and stead of the Current Trustee. NOW THEREFORE, the Undersigned does hereby appoint FIRST AMERICAN TITLE INSURANCE COMPANY, whose address is 1 FIRST AMERICAN WAY, SANTA ANA, CA 92707, as Trustee under said Deed of Trust.

IN WITNESS WHEREOF, the Undersigned has caused this Instrument to be executed on _____.

CAF BRIDGE BORROWER FIG LLC

SOKUN SOUN, AUTHORIZED SIGNATORY

FIRST AMERICAN TITLE INSURANCE COMPANY, hereby accepts the appointment as Trustee, or Successor Trustee, or Substituted Trustee, under that certain Deed of Trust described above. WHEREAS, having received from the above named current beneficiary a written request to reconvey, stating that the indebtedness has been paid in full and/or the purpose of the Deed of Trust has been fully satisfied. NOW THEREFORE, the Undersigned, as Successor Trustee, pursuant to the written request, does hereby grant and reconvey, without warranty, expressed or implied, to the PERSONS LEGALLY ENTITLED THERETO all the estate and interest held by it, as Trustee under said Deed of Trust.

IN WITNESS WHEREOF, the Undersigned has caused this Instrument to be executed on this 1/3/2022.

FIRST AMERICAN TITLE INSURANCE COMPANY

ADDISON RICE, VICE PRESIDENT

STATE OF CA COUNTY OF ORANGE) ss.

On _____, before me, CORINE GODDARD, personally appeared SOKUN SOUN known to me to be the AUTHORIZED SIGNATORY of CAF BRIDGE BORROWER FIG LLC the corporation that executed the instrument or the person who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same.

See Attached

CORINE GODDARD (COMMISSION EXP. 10/26/2022)
NOTARY PUBLIC

POD: 20211118

SB807011IM - LR - OR

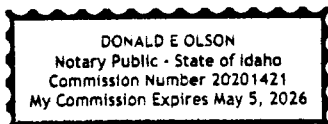


STATE OF IDAHO

COUNTY OF BONNEVILLE) ss.

On 1-3-2022, before me, **DONALD E. OLSON**, personally appeared **ADDISON RICE** known to me to be the **VICE PRESIDENT** of **FIRST AMERICAN TITLE INSURANCE COMPANY** the corporation that executed the instrument or the person who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same.


DONALD E. OLSON (COMMISSION EXP. 05/05/2026)
NOTARY PUBLIC



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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.

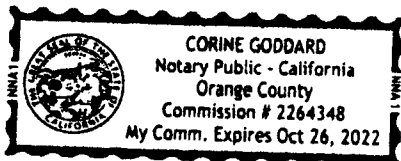
State of California)

County of Orange)On December 23, 2021 before me, Corine Goddard, Notary Public,
Date Here Insert Name and Title of the Officerpersonally appeared Sokun Soun
Name(s) of Signer(s)N/A

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 Corine Goddard
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____