| RECORDING REQUESTED BY: | |
|--|---|
| When Recorded Mail Document To: | |
| Name: | |
| Address: | |
| City/State/Zip: | |
| SUBSTITUTION OF | SPACE ABOVE THIS LINE FOR RECORDER'S USE TRUSTEE AND FULL RECONVEYANCE |
| WHEREAS, THE SELLER was the original Trus original | tor,the |
| Trustee, and | under the |
| that certain Deed of Trust dated | |
| as Records | , Official |
| of the County of | , State of California, and |
| WHEREAS, the undersigned Beneficiary desires | s to substitute a new Trustee under said Deed of Trust in place and |
| now therefore, the undersigned hereby substitut | 98 |
| as Trustee under said Deed of Trust and | |
| as the substituted Trustee does hereby reconve | y, without warranty, to the person or persons legally entitled thereto, the |

Estate now held thereunder.

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

(continued)

| Date | d: |
|------|---------------------------|
| BEN | EFICIARY: |
| | |
| | |
| | Signature |
| Ву: | Print Name |
| | |
| Its: | Print Title |
| | Print Title |
| SUB | STITUTED TRUSTEE: |
| 005 | 5111-01-125 1110-01-12-1. |
| | |
| | |
| | Signature |
| By: | |
| • | Print Name |
| Its: | |
| | Print Title |

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

(continued)

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 | | | |
|-------------------------------------|--|-------------------------------------|----------------------|
| County of | | | |
| On | before me,(here insert | name and title of the officer) | , Notary Public |
| within instrument and ackno | asis of satisfactory evidence to be the wledged to me that he/she/they executed nature(s) on the instrument the person(s | d the same in his/her/their author | rized capacity(ies), |
| I certify under PENALTY OF correct. | PERJURY under the laws of the State o | f California that the foregoing par | ragraph is true and |
| WITNESS my hand and office | ial seal. | | |
| | | (Seal) | |
| Signature | | | |