

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Name
Street
Address
City &
State
Zip

Title Order No. Escrow No.



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Substitution of Trustee

Assessor Parcel Number:

WHEREAS,

_____ was the original Trustor,
_____ was the original Trustee, and

_____ was the original Beneficiary under the certain Deed of Trust dated _____
and recorded as instrument number _____ on _____, in book _____, page _____ of Official
Records of _____ County, California, and

WHEREAS, the undersigned are all the Beneficiaries under the Deed of Trust; and

WHEREAS, the undersigned desires to substitute a new Trustee under the Deed of Trust in the place and stead of said
original Trustee thereunder, in the manner provided for in the Deed of Trust.

NOW, THEREFORE, the undersigned hereby substitutes _____ whose
address is, _____ as Trustee.

Dated _____

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 _____

On _____ before me,

(here insert name and title of the officer)

_____, notary public, personally appeared _____

_____,
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 _____

(This area for official notarial seal)