RECORDING REQUESTED BY

Name

Street Address

City & State Zip

Title Order No. Escrow No.



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Substitution of Trustee

		Assessors Parcel Number:			
WHEREAS,					
				was the or	iginal Trustor,
				was the origina	l Trustee, and
was the original Beneficiary under the certain De	ed of Trust dated				
and recorded as instrument number	on		, in book	, page	of Official
Records of County, Cali	fornia, 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 provide				1	
NOW, THEREFORE, the undersigned hereby substitutes					, a
California Corporation, whose address is					,
cumorina corporation, whose address is					, as Trustee.
					, as Trustee.
Dated					
STATE OF CALIFORNIA COUNTY OF					
On	_before me,				
(here insert name and title of the officer)					
, personally appeared					
who proved to me on the basis of satisfactory evider person(s) whose name(s) is/are subscribed to the with	nin instrument				
and acknowledged to me that he/she/they executed his/her/their authorized capacity(ies), and that by					
signature(s) on the instrument the person(s), or the entition of which the person(s) acted, executed the instrument.					
, , ,	of the state of				
I certify under PENALTY OF PERJURY under the laws California that the foregoing paragraph is true and corre					
WITNESS my hand and official seal					
Signature			(This area fo	or official notarial seal)	
-				<u> </u>	