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

| 8 | | Deed of Trust Assessor Parce | el Number |
|--|--|-------------------------------|--------------------------------------|
| EOD WALLIE DECEIVED the and anima | ما المسامية | | |
| FOR VALUE RECEIVED, the undersigned | d hereby gram | is, assigns and transfers to |) |
| all beneficial interest under that certain Deed of T executed by | Γrust dated | | |
| to | | | , Trustor, , Trustee, |
| and recorded as Instrument No. Official Records in the County Recorder's office therein as: | on of | in book County, Cali | , page , of ifornia, describing land |
| and all rights accrued or to accrue under said Deed | d of Trust. | | |
| A notary public or other officer completing this ceverifies only the identity of the individual who sign document to which this certificate is attached, at the truthfulness, accuracy, or validity of that document document to which the truthfulness accuracy, or validity of that document document document document. | ned the and not | | |
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