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 or	riginal Trustor,	
				was the original Trustee, and		
was the original Beneficia	ary under the certain Deed of Trus	st dated				
and recorded as instrumen	nt number on		, in book	, page	of Official	
Records of	County, California, and	i				
WHEREAS, the	undersigned are all the Beneficia	ries under the D	eed of Trust; and			
WHEREAS, the	undersigned desires to substitute	a new Trustee ı	under the Deed of Trust	in the place and	stead of said	
	er, in the manner provided for in			•		
NOW, THEREF	ORE, the undersigned hereby sub	ostitutes			whose	
address is,			as Trustee.			
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