RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY STATE & ZIP

Signature_

SUBSTITUTION OF TRUSTEE AND F	ULL RECONVEYANCE
WHEREAS	was
the original Trustor,	
original Trustee, and	the
Beneficiary, under that certain Deed of Trust dated	, ´´ and recorded or
as Instrument No	or in book, page
, Official Records of the County of	, State of California, and affecting the land
described in said Deed of Trust, and	
WHEREAS the undersigned Beneficiary desires to substitute a new the undersigned hereby substitutes (themselves, himself, herself) as Transconvey, without warranty, to the person or persons legally entitled there APN NO.:	rustee under said Deed of Trust and does hereby
DATE:	
STATE OF CALIFORNIA COUNTY OF	
On before me,	
, personally appeared	
whose name(s) is/are subscribed to the within instrument and acknowledged to authorized capacity(ies), and that by his/her/their signature(s) on the instrument person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the form	nt the person(s), or the entity upon behalf of which the
WITNESS my hand and official seal.	