RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY STATE & ZIP

SUBSTITUTION OF TRUSTEE

WHEREAS	was	the
original Trustor,		
original Trustee, and		
the Beneficiary, under that certain Deed of Trust dated _		and
recorded on as Instrument N	o or in	book
, page, Official Records of the County of	, State of Califo	ornia,
and affecting the land described in said Deed of Trust, and		
WHEREAS the undersigned Beneficiary desires to substand stead of		olace now
APN NO.:		
DATE:		
State of California		
County of		
Onbefore me, (here insert name and title, who proved to me on the basis of satisfaction subscribed to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signature(s) on which the person(s) acted, executed the instrument.	ctory evidence to be the person(s) whose name(s) is t he/she/they executed the same in his/her/their	
I certify under PENALTY OF PERJURY under the laws of the true and correct.	State of California that the foregoing paragraph	is
WITNESS my hand and official seal.		
Signature	_(Seal)	