RECORDING REQUESTED BY

WHEN RECORDED MAIL TO				
NAME ADDRESS		\neg		
CITY STATE&ZIP Title Order No.	Escrow No.			
WHEREAS, Trustor,	TITUTION OF TR	USTEE A	SPACE ABOVE THIS L AND FULL RECON	INE FOR RECORDER'S USE /EYANCE was the original the original
Trustee, and the Beneficiary, under th recorded Official Records of the C	at certain Deed of Trust dated in book county of	d , page	instrument #: , State of California, and	and
WHEREAS, the unders	igned Beneficiary desires to	o substitute a ne	ew Trustee under said Deed of	Trust in place and stead of
			s (themselves, himself, herself) as r persons legally entitled thereto,	
DATED:				
STATE OF CALIFORNIA COUNTY OF	A	}ss		
On	before for said County and State, p	me, the personally		
satisfactory evidence) is/are subscribed to the me that he/she/they authorized capacity(ies) on the instrument the p	e (or proved to me on the to be the person(s) whose within instrument and acknow executed the same in his, and that by his/her/their signerson(s), or the entity uponed, executed the instrument.	name(s) ledged to s/her/their gnature(s)		
WITNESS my hand and	official seal			
Signature				