

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

SUBSTITUTION OF TRUSTEE

WHEREAS _____
was the original Trustor, _____
the original Trustee, and _____
the Beneficiary, under that certain Deed of Trust dated _____ and recorded
on _____ 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 Trustee under said Deed of Trust in place and
stead of _____, now therefore, the
undersigned hereby substitutes (themselves, himself, herself) as Trustee under said Deed of Trust.

APN NO.:

DATE: _____

STATE OF CALIFORNIA
COUNTY OF _____ } SS.

On _____ before me, _____
_____, personally appeared _____
_____ personally known to me (or proved to me on the basis of satisfactory evidence) to the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____