

**RECORDING REQUESTED BY:**

**WHEN RECORDED MAIL TO:**

Name  
Address  
City  
State & Zip Code

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**APN:**

**SUBSTITUTION OF TRUSTEE**

WHEREAS, \_\_\_\_\_ was the original Trustor, \_\_\_\_\_ was the original Trustee, and \_\_\_\_\_ was the original Beneficiary under that certain Deed of Trust dated \_\_\_\_\_ and recorded on \_\_\_\_\_, as Instrument number \_\_\_\_\_, of Official Records of \_\_\_\_\_ County, California, and

WHEREAS, the undersigned Beneficiary is the present Beneficiary under said Deed of Trust, and  
WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and instead of said original Trustee thereunder,

NOW, THEREFORE, the undersigned hereby substitutes \_\_\_\_\_ as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }  
COUNTY OF \_\_\_\_\_ } S.S.

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Notary Public, personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) other than named above \_\_\_\_\_

### CAPACITY(IES) CLAIMED BY SIGNER(S)

INDIVIDUAL

CORPORATE OFFICER(S)  
TITLE(S) \_\_\_\_\_

PARTNER(S)-  LIMITED  
 GENERAL

ATTORNEY-IN-FACT

TRUSTEE(S)

GUARDIAN OR CONSERVATOR

OTHER \_\_\_\_\_  
\_\_\_\_\_

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INDIVIDUAL

CORPORATE OFFICER(S)  
TITLE(S) \_\_\_\_\_

PARTNER(S)-  LIMITED  
 GENERAL

ATTORNEY-IN-FACT

TRUSTEE(S)

GUARDIAN OR CONSERVATOR

OTHER \_\_\_\_\_  
\_\_\_\_\_

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Top of thumb here

### SIGNER IS REPRESENTING:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_