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   } S.S.
COUNTY OF ________    

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)  ☐ INDIVIDUAL  ☐ CORPORATE OFFICER(S)
  TITLE(S) ________________  Right Thumbprint Of Signer  TITLE(S) ________________  Right Thumbprint Of Signer

  Top of thumb here

  Top of thumb here

☐ PARTNER(S)- ☐ LIMITED
  ☐ GENERAL

☐ ATTORNEY-IN-FACT

☐ TRUSTEE(S)

☐ GUARDIAN OR CONSERVATOR

☐ OTHER __________________

SIGNER IS REPRESENTING:

______________________________  ________________________________

______________________________  ________________________________