**RECORDING REQUESTED BY:**

**AND WHEN RECORDED MAIL TO:**

* - Insert Name>
* - Insert Address>
* - Insert City State Zip>

**Order No.:**

**Escrow No.:**

**A.P.N.:**

SPACE ABOVE THIS LINE IS FOR RECORDER’S USE

**SUBSTITUTION OF TRUSTEE**

WHEREAS, < - insert name> was the original trustor, < - insert name> was the original trustee, and < - insert name> was the original beneficiary under that certain Deed of Trust, dated < - dated>, recorded < - recorded>, as Instrument No. < - Instrument No.>, in Book < - Book>, Page < - Page>, of Official Records of < - County> County, California; and

WHEREAS, the undersigned desires to substitute a new trustee under said Deed of Trust in the place and stead of < - Trustee>.

NOW THEREFORE, the undersigned hereby substitutes < - New Trustee>, as Trustee under said Deed of Trust whose address is < - enter address of trustee>.

Dated:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A notary public or other officer completing this certificate |  |  |  |  |  |
| verifies only the identity of the individual who signed the |  |  |  | < - Type Name>, Beneficiary |  |
| document to which this certificate is attached, and not the |  |  |  |  |  |
| truthfulness, accuracy, or validity of that document. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| STATE OF CALIFORNIA | } |  | < - Type Name>, Beneficiary |  |
|  |  |  |
| COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SS. |  |
|  |  |  |  |  |
| On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me, |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a 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. |  |  | (Seal) |  |
|  |  |  |  |  |  |  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | Signature of Notary |  |  | (This area for official notary seal) |  |
|  |  |  |  |  |  |  |