Recording requested by (name):	
And when recorded, mail to (name and address):	
<u></u>	For recorder's use
	ESCROW NO APN
	STITUTION OF TRUSTEE
was the original Trustor,	
was the original Trustee, and	
was the original Beneficiary under that of	ertain Deed of Trust dated and
recorded on a	s Instrument No in Book/Reel,
Page/Image, of Official Re	ecords of County,
California; and	
WHEREAS, the undersigned are	all the Beneficiaries under said Deed of Trust; and
WHEREAS, the undersigned des	sire to substitute a new Trustee under said Deed of Trust in
place and instead of said original Truste	e thereunder, in the manner provided for in the Deed of Trust;
NOW, THEREFORE, the unders	igned hereby substitutes
	, whose address is:
as Trustee.	·,
do Tradico.	
Dated	
	Beneficiary
	
	Print Name

This form must be signed in front of a notary.

ACKNOWLEDGMENT

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)	
On	before me, (insert name and title of the officer)	
personally appeared		
who proved to me on the basis subscribed to the within instrur his/her/their authorized capaci	s of satisfactory evidence to be the person(s) whose name(s) is/are ment and acknowledged to me that he/she/they executed the same in ty(ies), and that by his/her/their signature(s) on the instrument the ehalf 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)	
<u> </u>		