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LESLIE BOUGHER LES

APN#

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

| WHEREAS Russell E. Avery & Maureen J. Avery | |
|--|--|
| | was the original Trustor, |
| | |
| N/A the original Trustee, and | |
| the original Trustee, and | |
| BLUE VIEW CORPORATION, A CALIFORNIA CORPORATION | the Beneficiary, |
| under that certain Deed of Trust dated N/A recorded on May 17, 2002 | and in Book N/A , Page N/A. |
| Instrument No. 114489 Official Records of the County of Lincoln AND | , State of <u>Nevada</u> , |
| | |
| see deed of trust as to legal description | |
| property: HC74 Box 173, Eagle Valley, NV WHEREAS, the undersigned Beneficiary desires to substitue a new Trustee under said | hereby substitues BLUE VIEW |
| CORPORATION as Trustee under said Deed of Trust and BLUE VIEW CORPORATION | as the Beneficiary, as the |
| substituted Trustee does hereby reconvey, without warranty, to the person or persons legally | elitited thereto, the Estate now held |
| thereunder. | |
| DATED: 10-3-02 | |
| Mus Dosaus | |
| Beneficiary / BLUE VIEW CORPORATION - Camille Despirite | |
| Beneficiary BLUE VIEW CORPORATION, TRUSTEE - CG, Mille DES Pir. 10 | |
| | |
| STATE OF CALIFORNIA } } ss. | |
| COUNTY OF } | |
| Oli Delore me, | |
| Notary Public, personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose na | ame(s) is/are subscribed to the within instrumen |
| and acknowledges to me that he/she/they executed the same in his/her/their authorized capacity(ies), and the p | y his/her/their signature(s) on the instrumen |
| the person(s) of the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. | |
| THE LOCAL MINISTER OF SECU. | |
| Signature (Seal) | BLT 05 5/94 |
| o'gridatio's | |

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| STATE OF CALIFORNIA COUNTY OF SAN DIFFED | }ss | | | |
|---|--|--|---|---------------------|
| On <u>10 - 3-02</u> before me, | EVA | M. RAMIR | EZ_ | |
| | Concle | Despirito ME(S) OF SIGNER(S) | | |
| personally known to me | - OR - prove | ed to me on the basis of a | | |
| EVA M. RAMIREZ Commission # 1375340 Notary Public - California \$\frac{\xi}{\xi}\$ San Diego County My Comm. Expires Sep 17, 2006 | acknowledg his/her/their signature(s) which the p | ned to me that he/she/the authorized capacity(ies) on the instrument the pierson(s) acted, executed my hand and official seal | ey executed the sa), and that by his/h erson(s), or the en of the instrument. | ame in ner/their |
| | | SIGNATURE | OF NOTARY | |
| | | IONAL | | |
| Though the data below is not required by law prevent fraudulent reattachment of this form. | v, it may prov | re valuable to persons re | lying on the docur | nent and could |
| CAPACITY CLAIMED BY SIGNER INDIVIDUAL CORPORATE OFFICER | | DESCRIPTION | | DOCUMENT |
| TITLE(S) | | ILE CONVEY TITLE OR TYPE | OF DOCUMENT | |
| PARTNER(S) LIMITED or GENERAL | | and | | |
| ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR | | NUMBER OF PAC | GES | |
| OTHER: | | | AES IT | |
| | | DATE OF DOCUM | <i>i</i> en i | |
| SIGNER IS REPRESENTING: NAME OF PERSON(S(OR ENTITY(IES) | | SIGNER(S) OTHE | THAN NAME OF | ADOVE |
| | | SIGNER(S) OTHE | ER THAN NAMED | ABOVE |
| | | | | |
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