RECORDING REQUESTED BY:
EQUITY TITLE OF NEVADA
WHEN RECORDED MAIL TO:
DAVID JON MORRISON
SANDRA LEE JUSTER
P.O. BOX775
PIOCHE, NY 89043

This Space Reserved f

DOC # 0138382

3/2011 03 50 PM

Official Record
Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV Leslie Boucher - Recorder

Fee: **\$45.00** RPTT:

Page 1 of 4 Recorded By: AE

Book- 263 Page- 0585



APN NO.: 001-084-01, 001-084-02, 001-084-03

ESCROW NO.: 11480160

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

WHEREAS: Dale Sandell and Anne Marden Sandell, husband and wife as joint tenants are the Owners and Holders of the Note secured by the Deed of Trust, both dated March 25, 2008, made by David Jon Morrison, an unmarried man and Sandra L. Juster, an umarried woman as joint tenants with right of survivorship, TRUSTORS, to, First American Title Insurance Company, TRUSTEE, for the benefit of Dale Sandell and Anne Marden Sandell, husband and wife as joint tenants, BENEFICIARY, which said Deed of Trust was recorded in the Office of the County Recorder of, County, State of Nevada in Book 241, at Page 0262, as Document No. 0131490, hereby SUBSTITUTES Dale Sandell and Anne Marden Sandell, husband and wife as joint tenants, as TRUSTEE, in Lieu of the above Trustee, under said Deed of Trust.

AND, Dale Sandell and Anne Marden Sandell, husband and wife as joint tenants, hereby ACCEPTS the appointment as TRUSTEE under said Deed of Trust, and as SUCCESSOR TRUSTEE, pursuant to the Request of said Owners and Holders, and in accordance with the provisions of said Deed of Trust, does hereby RECONVEY, without warranty to the person or persons legally entitled thereto, all of the estate held by it under said Deed of Trust.

IN WITNESS THEREOF WE HAVE CAUSED THESE PR APRIL 28, 2011	RESENTS TO BE EXECUTED BY THEM, THIS
Dale Sandell, Beneficiary	Lune Marden Janua Ll
Par Ostalell, Dollottolary	Title tangen garden, benericistà
IN WITNESS THEREOF WE HAVE CAUSED THESE PRAPRIL 28, 2011	RESENTS TO BE EXECUTED BY THEM, THIS
	Paus Mardon Soudall
Dale Sandell, Trustee	anne Marden Sandell, Trustee
STATE OF COUNTY OF SS:	
This instrument was acknowledged before me on	, by
Cartificate	Notary Public My commission expires:
STATE OF COUNTY OF SS:	
This instrument was acknowledged before me on	, by
XIII	Notary Public
Pl .	My commission expires:

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

	^
State of California	
County of <u>Inyo</u>	\ \
	\ \
On April 29, 2011 before me, Sharo	n L. Phelas
personally appeared Hone M Mardens	andell and Dale Duwayne Sandell,
	ence to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that	t ke/ske/they executed the same in Ms/her/their authorized
which the person(s) acted, executed the instrument.	on the instrument the person(s), or the entity upon behalf of
Loostify under DENALTY OF DED HIDV under the	Lave of the State of Colifornia that the foregoing name
is true and correct.	laws of the State of California that the foregoing paragraph
	SHARON L. PHELPS Commission # 1794742
WITNESS my hand and official seal.	Notary Public - California Inyo County
Sharm of Pholon	My Comm. Expires Apr 4, 2012
Signature of Notary Public	(Notary Scal)
• / / /	
ADDITIONAL OP	TIONAL INFORMATION
	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as
DESCRIPTION OF THE ATTACHED DOCUMENT	appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a
Substitution of Truster and (Title or description of attached document)	document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in
Dead of Reconveyance (Title or description of attached document continued)	California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date None	State and County information must be the State and County where the document
Number of Pages / Document Date Wen &	signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
(Additional information)	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
	commission followed by a comma and then your title (notary public). • Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this
XQ Individual (s) ☐ Corporate Officer	information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.
(Title)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s) ☐ Attorney-in-Fact	 Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Trustec(s)	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
Other	 Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a cornorate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

EXHIBIT "A"

LOTS 1, 2 AND 3, AS SHOWN UPON THAT CERTAIN PARCEL MAP RECORDED JUNE 20, 1984 IN BOOK A-1, PAGE 231, PLAT RECORDS OF LINCOLN COUNTY, NEVADA.

