

Official Record

Recording requested By
WESTERN INSURANCE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$43.00 Page 1 of 2
RPTT: Recorded By: DP
Book- 275 Page- 0376



0142256

APN # 176-13-701-014

WHEN RECORDED MAIL TO:

Above space for recorder's use

Western Insurance Company
P.O. Box 21030
Reno, NV 89515

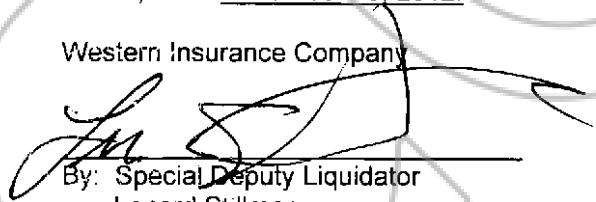
SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

WHEREAS: Western Insurance Company, a Utah Corporation are the Owners and Holders of the Agreement secured by the Deed of Trust, dated February 27, 2008, made by Kady Marie Pearson to First American Title Company, Trustee, for the benefit of Western Insurance Company, a Utah Corporation, BENEFICIARY, which said Deed of Trust was recorded in the Office of the County Recorder of Clark, State of Nevada, on April 17, 2008 Document No 20080417-0000400 hereby SUBSTITUTES Western Insurance Company, a Utah Corporation, as TRUSTEE, in Lieu of the above Trustee, under said Deed of Trust.

AND, Western Insurance Company, a Utah Corporation, 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 THEY HAVE CAUSED THESE PRESENTS TO BE EXECUTED BY THEM, THIS November 13, 2012.

Western Insurance Company


By: Special Deputy Liquidator
Lenard Stillman



ALL-PURPOSE ACKNOWLEDGMENT

State of Nevada

County of Washoe

On November 13, 2012 before me, Kathy Harshbarger, Notary Public,

personally appeared Lenard Stillman, Special Deputy Liquidator,
(Here insert name and title of the officer)

who proved to me 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 NV that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kathy Harshbarger
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional Information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner (s)

Attorney-in-Fact

Trustee(s)

Other Beneficiary and Successor
Trustee

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgement.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgement 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 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 information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgement form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgement is not misused or attached to a different document.
 - ❖ 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 corporate Officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document.