

Title or Trust No.

Escrow or Loan No.

WHEN RECORDED MAIL TO:

DENNY S. AND DELLA C. MULFORD  
HC62-182  
EUREKA NV 89316

**146089**

**146089**

EUREKA COUNTY, NEVADA  
M.N. REBATEAL RECORDER  
FILE NO. **500**

*Della Mulford*  
**'93 AUG 10 @ 2:08**

BOOK 249 PAGE 157  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**SUBSTITUTION OF TRUSTEE**

WHEREAS, DENNY S. MULFORD and DELLA C. MULFORD

was the original Trustor, FARMERS HOME ADMINISTRATION, U.S. DEPARTMENT OF AGRICULTURE was the original Trustee, and UNITED STATES OF AMERICA, FARMERS HOME ADMINISTRATION, UNITED STATES DEPARTMENT OF AGRICULTURE is the Beneficiary under that certain Deed of Trust, dated October 18, 1989, recorded October 24, 1989, as document No. 130468, in Book 205, Page 95 of Official Records of EUREKA County, NEVADA; and

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and stead of UNITED STATES OF AMERICA, FARMERS HOME ADMINISTRATION, UNITED STATES DEPARTMENT OF AGRICULTURE

NOW THEREFORE, the undersigned hereby substitutes

whose address is 194 WEST MAIN STREET, SUITE F, WOODLAND CA 95695-2915

BENEFICIARY

Dated July 23, 1993

By: *Darryl G. Zenger*  
DARRYL G. ZENGER, Acting State Director

Form FmHA CA/NV 460-1

ALL PURPOSE ACKNOWLEDGEMENT (3-5-93) PN 619

CAPACITY CLAIMED BY

SIGNER

{ } INDIVIDUAL(S)

{ } CORPORATE

OFFICER(S) title(s)

{ } PARTNER(S)

{ } ATTORNEY-IN-FACT

{x} TRUSTEE(S)

{ } SUBSCRIBING WITNESS

{ } GUARDIAN/CONSERVATOR

{ } OTHER:

SIGNER IS REPRESENTING:

Name of person(s) or

entity(ies)

On July 23, 1993 before me

STATE OF California

COUNTY OF Yolo

(Name, Title - Notary Public)

VICKI L. LOWE

personally appeared DARRYL G. ZENGER, Acting State Director

Name(s) of Signer(s)

{x} personally known to me - OR 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.

Witness my hand and official seal.

Signature of Notary  
VICKI L. LOWE



OFFICIAL SEAL  
VICKI L. LOWE  
Notary Public - California  
YOLO COUNTY  
My Commission Expires  
November 16, 1993