

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

PAUL D. PREDNEY and MARION JEAN PREDNEY, husband and wife, are the Owners and Holders of the Note secured by the Deed of Trust dated October 11, 1988, made by DONALD

JAMES and JEANETTE HILL JAMES, husband and wife, First American Title Company of Nevada, Trustee, for the benefit of PAUL D. PREDNEY and MARION JEAN PREDNEY, husband and wife, Beneficiary, which Deed of Trust was recorded in the office of the County Recorder of Elureka

PAUL D. PREDNEY, as Trustee in lieu of the County, Nevada, in Book 188 at Page 268, File No. 123574, hereby substitutes

above named Trustee under said Deed of Trust.

PAUL D. PREDNEY hereby accepts said appointment under said Deed of Trust and, as successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of Deed of Trust, does hereby reconvey without warranty to the person or persons legally entitled thereto, all estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF, PAUL D. PREDNEY

has caused these presents to be executed by them, this 5th day of AUGUST, 1996.

this FIFTH day of AUGUST, 1996.

X. Paul Predney

Trustee

Beneficiary

Paul Predney

Trustee

Beneficiary

STATE OF CALIFORNIA)) ss.)) COUNTY OF ORANGE)) On August 5, 1996, before the undersigned, a Notary Public in and for said County and State, personally appeared PAUL D. PREDNEY who acknowledged that he executed the above instrument.

STATE OF CALIFORNIA)) ss.)) COUNTY OF ORANGE)) On August 5, 1996, before me, the undersigned, a Notary Public in and for said County and State, personally appeared PAUL D. PREDNEY, who acknowledged that he executed the above instrument.

BOOK 300 PAGE 157

THOMAS R. YOSTEN, Notary Public, Los Angeles County, Commission #1056785, expires April 23, 1999.



BOOK 299 PAGE 455

THOMAS R. YOSTEN, Notary Public, Los Angeles County, Commission #1056785, expires April 23, 1999.



164419

164276

COPY

164276

EUREKA COUNTY NEVADA
M.M. REBALCATTI, RECORDER
FILE NO. FEES \$11.00

96 AUG 12 AM 8:58

RECORDED AT THE REQUEST OF
First American Title

BOOK 299 PAGE 455

RECORDED

2018 11

CERTIFICATE OF DEATH

3-92-30-011889

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST (FAMILY)		1D. SEX		1E. DATE OF DEATH—MO., DAY, YR.		1F. TIME OF DEATH—HOURS, MINUTES		1G. STATE OF BIRTH		1H. PLACE OF BIRTH		1I. FULL NAME OF FATHER		1J. FULL NAME OF MOTHER		1K. STATE OF BIRTH			
PERSONAL DATA		MARVIN JARRETT		JEAN		PREDNEY		M		OCT. 22, 1992		2315 P		AUST.		AUST.		AUST.		AUST.		AUST.			
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MARRIAGE NUMBER		16. USUAL OCCUPATION		17. EDUCATION—YEARS COMPLETED		18. COUNTY		19. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF REPORTER		21. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF REPORTER		22. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF REPORTER		23. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF REPORTER		24. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF REPORTER	
USUAL RESIDENCE		3301 S. BEAR ST., #40-D		ORANGE		CA		28		CA		3301 S. BEAR ST., #40-D		ORANGE, CA		3301 S. BEAR ST., #40-D		ORANGE, CA		3301 S. BEAR ST., #40-D		ORANGE, CA			
PLACE OF DEATH		180. STREET ADDRESS—STREET AND NUMBER OR LOCATION		181. PLACE OF DEATH		182. HOSPITAL, SPECIAL ONE, IF, ER/ON, DOA		183. COUNTY		184. CITY		3301 S. BEAR ST., #40-D		SANTA ANA		25. WAS DEATH REPORTED TO CORONER		26. INTERVAL BETWEEN DEATH AND DEATH REPORT		27. DATE REPORTED		28. DATE REPORTED		29. DATE REPORTED	
CAUSE OF DEATH		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22		24. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22		25. WAS DEATH REPORTED TO CORONER		26. INTERVAL BETWEEN DEATH AND DEATH REPORT		27. DATE REPORTED		28. DATE REPORTED		29. DATE REPORTED		30. DATE REPORTED		31. DATE REPORTED		32. DATE REPORTED	
PHYSICIAN CAUSE CERTIFICATE		1. CENTER THAT TO HIS BEST OF HIS KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		2. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		3. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		4. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		5. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		6. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		7. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		8. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		9. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		10. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		11. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		12. CENTER THAT IN HIS OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED	
COMMENTS		29. MANAGER OF DEATH—specify sex, M/F, R/O, K/O, M, F, H, B, P, S, etc. as appropriate		30. PLACE OF INJURY		31. HOUR		32. DATE OF INJURY		33. MONTH, DAY, YEAR		34. YES		35. NO		36. YES		37. NO		38. YES		39. NO		40. YES	
CONCOMITANT USE ONLY		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE MO., DAY, YR.		35. SIGNATURE OF DECEASED		36. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. LICENSE NO.		39. SIGNATURE OF LOCAL REGISTRAR		40. LICENSE NO.		41. SIGNATURE OF LOCAL REGISTRAR		42. LICENSE NO.		43. SIGNATURE OF LOCAL REGISTRAR	
FURNERAL		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	
DIRECTION AND LOCAL REGISTRAR		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	
STATE REGISTRAR		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	
BOOK 300 PAGE 159		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	
92-06180VA		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	
OCT 28 1992		34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.		34D. SIGNATURE OF DECEASED		34E. LICENSE NO.		34F. SIGNATURE OF LOCAL REGISTRAR		34G. LICENSE NO.		34H. SIGNATURE OF LOCAL REGISTRAR		34I. LICENSE NO.		34J. SIGNATURE OF LOCAL REGISTRAR		34K. LICENSE NO.		34L. SIGNATURE OF LOCAL REGISTRAR	



PROPERTY

BOOK 300 PAGE 160

164419

EUREKA COUNTY HEVADA
M.N. REBAL EATI. RECORDER
FEES 10.00
FILE NO.

BOOK 300 PAGE 157
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Waltman
96 AUG 28 PM 2:06

Date

NOV 08 1992

[Handwritten Signature]

This is to certify that I have compared
with the seal of the County of
County of Santa Clara, California
is a true and correct copy of the
record filed in said office.

COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH & HIG. SERVICES
SANTA ANA, CALIFORNIA

