BOOK 435 PAGE /27-128
OFFICIAL RECORDS
RECORDED AT THE RETUEST OF
WALLE COMMENT
2006 APR 24 AM 10: 49
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER 200

204535

FILE NO.

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

THAT, WHEREAS FRONTIER TITLE COMPANY, as trustee under Deed of Trust execute by Clyde L. Oram a single man, grantor, in favor of Earl A. Rasmussen & Lavernia C Rasmussen, and recorded on October 3, 1988 as File# 121817, in Book 185, Page 066 of Official Records, in the Office of the County Recorder for Eureka County, State of Nevada has been duly requested to Quitclaim and Reconvey the property hereinafter mentioned by reason of the payment of the indebtedness secured by said Deed of Trust:

WHERAS the undersigned as the present beneficiary of the Deed of Trust desire to change the Trustee therein:

WHERAS the undersigned further desire to have the property hereinafter mentioned reconveyed by reason of the payment of the indebtedness secured by said Deed of Trust

NOW THEREFORE, the undersigned does hereby appoint the undersigned as Trustee under the terms of said Deed of Trust in the place of the original Trustee above mentioned, with the power to perform the trust therein imposed, and in consideration of the payment of indebtedness, receipt of which is acknowledged, the undersigned as Substitute Trustee, DOES HEREBY QUITCLAIM AND RECONVEY to the Person or Persons legally entitled thereto, both without warranty, all of the property covered by said Deed of Trust now held by said Trustee under the terms of said Deed of Trust.

	Dated this 4 day of, 2006
, :	Lavernia C Rasmussar
	Lavernia C. Rasmussen
and the	STATE OF NEVADA; COUNTY OF EUREKA;
	On thisday of,2006, before me a Notary Public, appeared
_	
,	Proved and known to be the persons above that they executed the above instrument.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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State of California County of Stants/OUS	ss.
County of <u>\(\frac{\fin}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}{\frac{\fin}}}}}}}}{\frac}}}}}{\frac</u>	J
On <u>April 11 2006</u> before me,	Nagor and Title of Officery (e.g., "Jane Doe, Notary Public")
personally appeared <u>FOYOPN</u>	C KGSMUSSRA
County of Jans County of Jans County of Jans County of Jans County of Date Description of Attached Document State of California County Suppose State of County Public - California Stanislaus County My Comm. Expires Nov 11, 2007	☐ personally known to me ☐ proved to me on the basis of satisfactory evidence
LORI J. ALESSI	personally known to me 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. WITNESS my hand and official seal. PNAL valuable to persons relying on the document and could prevent of this form to another document. Number of Pages:
Commission # 1450528 Notary Public - California Stanislaus County	the same in his/ner/their authorized capacity(ips), and that by his/her/their signature(s) on the instrument the person(s), or
My Comm. Expires Nov 11, 2007	the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal.
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OPTIO	DNAI —————
Though the information below is not required by law, it may prove fraudulent removal and reattachment	valuable to persons relying on the document and could prevent of this form to another document.
Description of Attached Document	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above	
Capacity(ies) Claimed by Signer	
Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited — General Attorney-in-Fact Trustee Guardian or Conservator Other: Signer Is Representing:	RIGHT THUMBPRINT OF SIGNER Top of thumb here
☐ Individual	OF SIGNER Top of thumb here
☐ Corporate Officer — Title(s): ☐ Partner ☐ Limited ☐ General	
Attorney-in-Fact	
☐ Trustee	
☐ Guardian or Conservator ☐ Other:	
Signer le Reprocenting	
Signer Is Representing:	

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Prod. No. 5907

Reorder: Call Toll-Free 1-800-876-6827