

DOC # 0229240

04/06/2015

04:29 PM

Official Record

Recording requested By
T D SERVICE CO

Eureka County - NV

Sara Simmons - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LH

Book- 578 Page- 0007

APN # 001-135-01

Recording Requested By: **T.D. SERVICE COMPANY**
And When Recorded Mail To: **T.D. SERVICE COMPANY 4000 W
METROPOLITAN DR STE 400 ORANGE, CA 92868**
MERS MIN#: **1000608-0802011406-3**
PHONE#: **(888) 679-6377**

Customer#: 637/1

SUBSTITUTION OF TRUSTEE

Service#: 4136063RL1



Loan#: 4000002144



0229240

The undersigned does hereby affirm that this document submitted for recording does not contain personal information about any person.

WHEREAS, **JUDY N. ZIMMERMAN, AN UNMARRIED WOMAN** as Trustor, and **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR ACADEMY MORTGAGE CORPORATION, ITS SUCCESSORS AND ASSIGNS**, as the Original Beneficiary under that certain Deed of Trust, dated **FEBRUARY 15, 2008** and recorded **FEBRUARY 20, 2008** as **Instrument No. 0211672**, in **Book No. ---**, at **Page No. ---** of official records of **EUREKA County, State of NEVADA**.

WHEREAS, the undersigned desires to substitute a Trustee under said Deed of Trust in the place and stead of **FIRST AMERICAN TITLE INSURANCE COMPANY**.

NOW THEREFORE, the undersigned hereby substitutes **T.D. SERVICE COMPANY, 4000 W METROPOLITAN DR, STE 400, ORANGE, CA 92868 0000** as Trustee under said Deed of Trust.

Dated: 4.1.15

Beneficiary:

CARRINGTON MORTGAGE SERVICES, LLC

By: 
(Name, Title):

Elizabeth A. Ostermann


Vice President, Carrington Mortgage Services, LLC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA)
County of ORANGE) ss.

On 4-1-15, before me, Isabel Gil, a Notary Public, personally appeared Elizabeth A. Ostermann, who 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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.



(Notary Name): Isabel Gil

