

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**PREPARED BY & RETURN TO:**

C. Riggsby  
Orion Financial Group, Inc.  
2860 Exchange Blvd. # 100  
Southlake TX 76092

EUREKA COUNTY, NV

**2025-254433**

Rec:\$37.00

\$37.00

Pgs=2

**04/17/2025 09:51 AM**

VYLLA TITLE, LLC

KATHERINE J. BOWLING, CLERK RECORDER

**SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE**

WHEREAS, **I. CLAIRE MORROW, A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY**, was the original Trustor, and **SECRETARY OF HOUSING AND URBAN DEVELOPMENT**, was the original Beneficiary, under that certain Deed of Trust dated 2/24/2010 and recorded July 15, 2010, in Document 0214634, of the Official Records of Eureka County, Nevada, WHEREAS, the undersigned **SECRETARY OF HOUSING AND URBAN DEVELOPMENT** is the present Beneficiary under said Deed of Trust, and WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust.

NOW, THEREFORE, the undersigned hereby substitutes **SECRETARY OF HOUSING AND URBAN DEVELOPMENT**, as Trustee under said Deed of Trust, and as substitute Trustee, **DOES HEREBY RECONVEY** to the person or persons legally entitled thereto, without warranty, all the estate, title, and interest acquired by Trustee under said Deed of Trust.

The land referred to in said Deed of Trust is situated in the State of Nevada, County of Eureka. Document dated 04/10/25  
**SECRETARY OF HOUSING AND URBAN DEVELOPMENT**

By:   
Vanessa Garnica, Manager, Loss Mitigation  
Carrington Mortgage Services, LLC Attorney In Fact



MORROW \*25014016\*

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared, \_\_\_\_\_, 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.

**SEE ATTACHED**

Notary public, \_\_\_\_\_  
My commission expires: \_\_\_\_\_

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other office 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 }

On 04/10/25 before me, PAOLA CARDENAS NOTARY PUBLIC,  
(Here insert name and title of the officer)

personally appeared Vanessa Garnica,  
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.

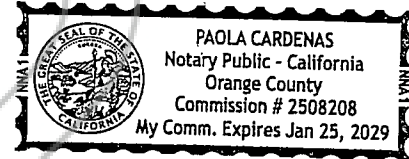
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*Paola Cardenas*

Notary Public Signature PAOLA CARDENAS

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual(s)  
☐ Corporate Officer

\_\_\_\_\_  
(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment 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 acknowledgment 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 acknowledgment 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 with a staple.



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