RECORDING REQUESTED BY	RI	EC	OR	DIN	١G	RE	QU	ES	TED	BY
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NAME	
ADDRESS	
CITY STATE & ZIP	
TITLE ORDER NO. ESCROW NO.	APN NO.
	JTION OF TRUSTEE
WHEREAS	
he original Trustee, and	
the Beneficiary, under that certain Deed of Trust dated	d and recorded on
as Instrument No	, Official Records,Cour
State of California, and affecting the real property desc	cribed in said Deed of Trust; and
	as Trustee under said Deed of Trust.
DATE:	as Trustee under said Deed of Trust.
	as Trustee under said Deed of Trust.
	as Trustee under said Deed of Trust.
DATE:A 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	as Trustee under said Deed of Trust.
DATE: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	as Trustee under said Deed of Trust. Beneficiary Signature and Printed Name: Beneficiary Signature and Printed Name:

WITNESS my hand and official seal.

Signature _____