RECORDING REQUESTED BY

RAILROAD SAVINGS BANK 23332 MILL CREEK DRIVE STE. 225 LAGUNA HILLS, CA: 92653 LOAN NUMBER: 486/101001803

AND WHEN RECORDED MAIL TO

NAME RSL MORTGAGE CORP.

ADDRESS 23332 Mill Creek Dr., Suite 225
CITY & Laguna Hills, CA 92653
STATE

Title Order No.

Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Corporation Assignment of Deed of Trust

FOR VALUE RECEIVED, the undersigned hereby grants, assigns and transfers to RSL MORTGAGE CORP., A KANSAS CORPORATION

all beneficial interest under that certain Deed of Trust dated MARCH 10, 1994 executed by John Walter Lippertz and Cynthia Jean Lippertz, Husband and Wife AS Joint Tenants

to first american title insurance company, a california corporation and and recorded as instrument No. 2564*335845 on APRIL 1, 1994 in book /340401 **0494 ****4411 028 AM, of Official Records in the County Recorder's office of DOUGLAS California, describing land therein as:

, Trustor, , Trustee, , page County,

DESCRIBED ON THE DEED OF TRUST WHICH IS REFERRED TO HEREIN.

***THIS CORPORATION ASSIGNMENT IS BEING RERECORDED TO CORRECT THE FOLLOWING TO BE:

*DEED OF TRUST INSTRUMENT NUMBER TO BE 335845; BOOK 0494: PAGE 4411.***

TOGETHER with the note or notes therein described or referred to, the money due and to become due thereon with interest, and all rights accrued or to accrue under said Deed of Trust.

STATE OF CALIFORNIA COUNTY OF ORANGE

On JUNE 28, 1994 before me SALLY COSTA, NOTARY PUBLIC personally appeared ANNE MARIE BURKE ASST VICE PRESIDENT

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,

~~~341830

A FEDERALLY CHARTERED SAVINGS BANK

ANNE MARIE BURKE, ASST VICE PRESIDENT

SALLY COSTA
COMM. # 1015722
Notory Public — California
ORANGE COUNTY
My Comm. Expires JAN 30, 1998

(Seal)

Signature

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REQUESTED BY
ROLL Squide & Bank
IN OFFICIAL RECORDS OF
DOING AS CO.. NEVADA

348691 BKI094PG2768 341830 BK0794PG 1922 SUZANNE BEAUDREAU
RECORDER
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JL 14 AO:55

| STATE OF CALIFORNIA COUNTY OFO | NANGE                     | } <b>as.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | . \ \                                                                   |
|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------|
| On SEPTEMBER 1,                | 1994 before me,           | LYNDA EDWARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , NOTARY PI           | JBLIC ,                                                                 |
| personally appeared            | ANNE MARIE BU             | RKE, ASST VIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E PRESIDENT           |                                                                         |
| <del></del>                    |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | personally k          | nown to me (or proved                                                   |
| to me on the basis of sa       | tisfactory evidence) to b | e the person(s) whos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e name(s) is/are s    | ubscribed to the within                                                 |
| instrument and acknowle        | dged to me that he/she/i  | hey executed the sam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ie in hie/her/their a | uthorized capacity(lea),                                                |
| and that by his/her/their      | signature(s) on the ins   | trument the person(s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ) or the entity upo   | on behalf of which the                                                  |
| person(s) acted, execute       | d the instrument.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LY                    | NDA EDWARDS                                                             |
| WITNESS or Chand and           | official seal.            | O A STATE OF THE S | Notary<br>Of          | DMM. # 1000462 Public — California PANGE COUNTY 1. Expires AUG 13, 1997 |

(This area for official notarial seei)

REQUESTED BY

REQUESTED BY

IN DIFFICIAL RECORDS OF

DOUGLAS CO... NEVADA

94 OCT 17 P12:24

348691 BK 1094PG2769 SUZANNE BLAUDREAU
RECORDES
PAIL BLAUDREAU
DEPUTY