AND WHEN RECORDED MAIL TO

AMWEST SURETY INSURANCE COMPANY P.O. BOX 4500

WOODLAND HILLS, CA 91365 _attn: Court Division

- Brenda Szaldobagyi

SPACE ABOVE THIS LINE FOR RECORDER'S USE

SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS (Agent's Form)

This Deed of Trust, made this	14th	day ofC	ctober	, 19 <u>97</u> , between
Randall H. Rees & June	Ann Rees Husband	& Wife as	community	Proper talled Trustor, and
AMWEST GENERAL AGENCY, INC. herein called Trustee, and AMWEST SURETY INSURANCE COMPANY, herein called Beneficiary.				
Witnesseth: That Trustor irrevoca	ibly grants, transfers and a	ssigns to Trustee	in Trust, with pow	ver of sale, that property in
Douglas	County,Nex	zada	, described as:	\ \
				1 1

See attached Exhibit " A " for Legal Description APN# 05-044-05

Street Address: 129 Willow Drive Zephyr Cove Nevada 89448

together with appurtenances thereto and the rents, issues and profits thereof. This trust and the property hereby conveyed are security for the performance by the Trustor of each agreement herein contained and for the performance of all of the obligations of <a href="Executing Agent" s Contract" herein called Agent as set forth and described in that certain contract between said Agent and Beneficiary dated December 4.1987 and all amendments or addenda thereto (which contract is made a part hereof by reference as though fully set forth herein) and for the payment of all monies due or which may become due under said contract and for the payment of all losses, damages, expenses and liabilities which may be suffered, sustained or incurred by the Beneficiary under said contract by reason of any failure of said agent to perform any of his obligations.

Trustor agrees:

BB A7001 (REV. 3/91) 12

- (1) To keep said property in good condition and repair; not to remove or demolish any building thereon; to maintain adequate insurance thereon and to pay; at least ten days before delinquency all taxes and assessments affecting said property, all encumbrances, charges and liens, with interest, on said property or any part thereof, and all costs, fees and expenses of this Trust.
- (2) That upon default of any of his obligations or the obligations of agent to Beneficiary hereby secured, the Beneficiary may collect the rents, issues and profits of said property.
- (3) That Beneficiary, or any successor in ownership of any indebtedness or obligation secured hereby, may from time to time, by instrument in writing, substitute a successor or successors to any Trustee named herein or acting hereunder, which instrument, executed by the Beneficiary and duly acknowledged and recorded in the office of the recorder of the county or counties where said property is situated, shall be conclusive proof of proper substitution of such successor Trustee or Trustees, who shall, without conveyance from the Trustee predecessor, succeed to all its title, estate, rights, powers and duties.
- (4) That a certificate signed by the Beneficiary at any time hereafter setting forth that any bond or undertaking has been declared forfeited or that a loss, damage, expenditure or liability has been sustained or incurred by Beneficiary on account of any bond or undertaking written, effected or posted by or at the request of said agent or that monies have become due to Beneficiary under the contract hereinabove referred to; the date or dates and amount or amounts of such loss, damages, expenditures and/or liability; that payment has been demanded of said agent and that such loss, damage, expenditures or determined liability has not been paid to the Beneficiary, shall be conclusive and binding on the Trustor and shall be the warrant of the Trustee to proceed forthwith to foreclose and sell upon the security herein and from the proceeds of sale (after deducting expenses including cost and search of evidence of title) pay to the Beneficiary the amount so certified and such additional expenses as may thereafter be certified including interest at ten percent (10%) per annum from demand to date of payment and attorney fees. Upon delivery of said certificate to Trustee, Beneficiary may declare all sums or obligations secured hereby due and payable by delivery to Trustee or written declaration of default and demand for sale and of written notice of default and election to cause property to be sold, which notice Trustee shall cause to be duly filed for record.

cuted by as is named as Beneficiary and as Trustee be mailed to AMWEST LS, CA 91365-4500.
is named as Beneficiary and as Trustee be mailed to AMWEST
as Trustee be mailed to AMWEST
LS, CA 91365-4500.
~
City State
Zephyr Cove NV 8944
Zephyr Cove NV 8944
zepnyr cove w 69440
olic in and for said County and State personally
nt, and acknowledged to me that he (she) (they)

(Type Name)

BKO198PG5324

Notary Public

EXHIBIT "A"

LOT 223, AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON FEBRUARY 24, 1960, DOCUMENT NO. 15653.

TOGETHER WITH ALL THE BEACH RIGHTS AS CONTAINED IN DEED TO SKYLAND WATER CO., RECORDED FEBRUARY 5, 1960 AS DOCUMENT NO. 15573, DOUGLAS COUNTY, NEVADA.

APN # 05-044-05

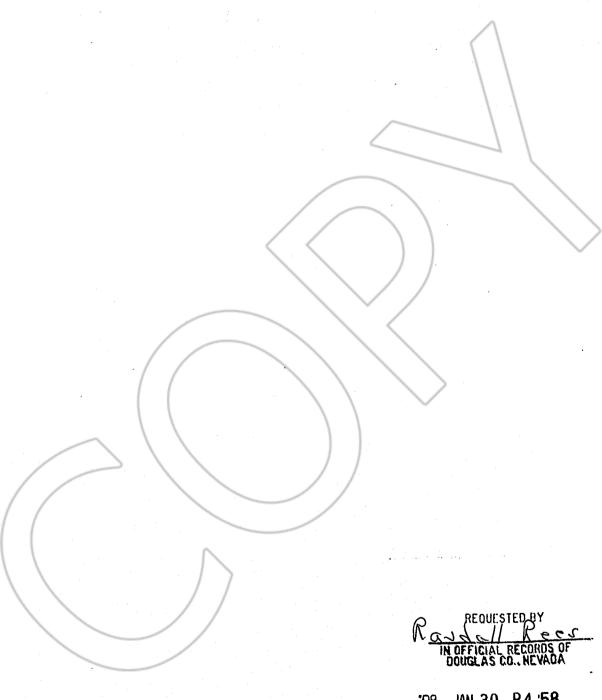
STEET ADDRESS: 129 WILLOW DRIVE ZEPHYR COVE NEVADA 89448



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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

1/5/404	
State of VEVELDA	
County of POU(e/F)	01/21/21 1 (18/11)
Onbefore	me, ATULY A.
personally appeared TUNE AND	KEPS & KANDAN H - KEES, Name(s) of Signer(s)
SHELLEY A. GASKIN Notary Public - State of Nevada Associated to Coorded in Douglas County 127-12-12-12-12-12-12-12-12-12-12-12-12-12-	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 by hand and official seal. OPTIONAL may prove valuable to persons relying on the document and could prevent
fraudulent removal and re.	attachment 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(s)	
Signer's Name:	Signer's Name:
☐ Individual	☐ Individual
☐ Corporate Officer	☐ Corporate Officer
Title(s): ☐ Partner — ☐ Limited ☐ General	Title(s): General
☐ Attorney-in-Fact ☐ Trustee	☐ Attorney-in-Fact ☐ Trustee
Guardian or Conservator	Guardian or Conservator
Other: Top of thumb	here Other: Top of thumb here
\	
Signer Is Representing:	Signer Is Representing:



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