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RECORDING REQUESTED BY:
Provident Funding Associates, L.P.
1235 N. Dutton Avenue, Suite E
Santa Rosa, CA 95401

WHEN RECORDED MAIL TO:
Mail Tax Statements To:
✓ **JERRY VAN SICKLE**
CAROL VAN SICKLE
1721 WESTWOOD DRIVE
MINDEN, NV 89423

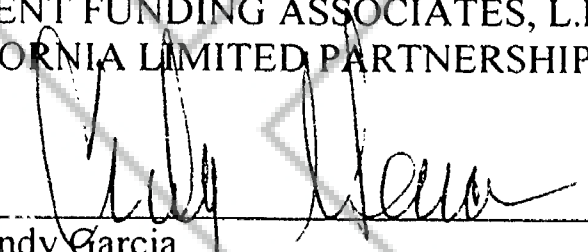
SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

Loan # 0309010194 Parcel# 17-322-12
Property: 1721 WESTWOOD DRIVE , MINDEN, 89423

The undersigned, the present Beneficiary under that certain Deed of Trust executed by **JERRY VAN SICKLE CAROL VAN SICKLE HUSBAND AND WIFE**, Trustor, to **FIRST AMERICAN TITLE INSURANCE COMPANY, A CALIFORNIA CORPORATION**, as original Trustee, and recorded on **02/22/1999** as Instrument No. **0461652** in Book **0299**, Page **4450-4459**, of the Official Records of **DOUGLAS** county, NV, hereby substitutes **Provident Funding Associates, L.P., a California limited Partnership**, as the new and substituted Trustee thereunder in accordance with the terms and provisions contained therein, whose address is 1235 N. Dutton Avenue, Suite E., Santa Rosa, CA 95401, as such duly appointed and substituted Trustee thereunder, the undersigned hereby states that all sums secured by said Deed of Trust have been fully paid and satisfied and hereby reconveys to the person or persons legally entitled thereto, without warranty, all of the estate, title and interest acquired by the original Trustee and by the undersigned as the substituted Trustee under the Deed of Trust. The singular includes the plural wherever the text of this document so requires.

DATED: 02/20/2003

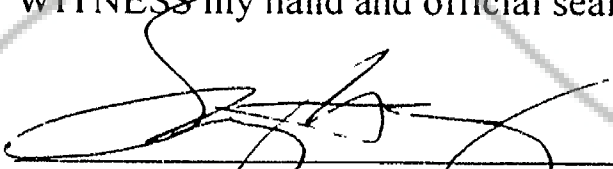
PROVIDENT FUNDING ASSOCIATES, L.P.
A CALIFORNIA LIMITED PARTNERSHIP

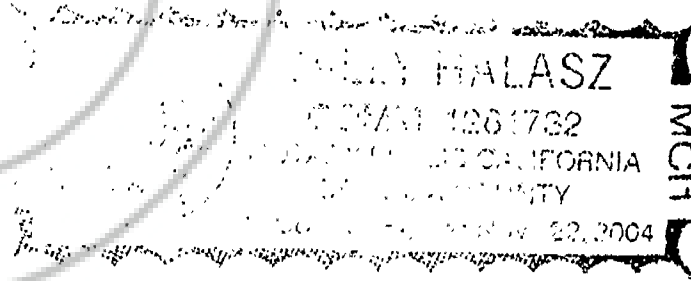
By: 
Name: Cindy Garcia
Title: Assistant Vice President

STATE OF CALIFORNIA
COUNTY OF SONOMA

On February 20, 2003 before me Sally Halasz personally appeared Cindy Garcia, 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 this instrument.

WITNESS my hand and official seal.


Sally Halasz, California Notary Public
My Commission Expires: 11/22/2004



Prepared by: Provident Funding Associates, L.P., 1235 N. Dutton Avenue, Suite E, Santa Rosa, CA 95401

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COPY

REQUESTED BY
President Funding
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 MAR 24 PM 2:53

W. R. CHRISTEN
RECORDER

s/18^{CO} PAID *Ka* DEPUTY

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