WHEN RECORDED RETURN TO: ASSOCIATED LOAN SERVICES ATTN: PAYOFF DEPARTMENT 1305 MAIN ST. STEVENS POINT WI 54481 Assessor Parcel Number: 21-191-15 Mail tax statements to: DANNIE W DANIELSON PO BOX 1384 ANDERSON CA 96007 ACCOUNT # 1712001272 SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE Whereas, Associated Bank is/are the present owner(s) of a PROMISSORY NOTE dated 08/17/1978, executed by DANNIE L DANIELSON AND SANDRA J DANIELSON, HUSBAND AND WIFE, secured DEED OF TRUST executed by the maker of said note wherein MORTGAGE FINANCE CORPORATION, TRUSTEE, recorded in the Records of: DOUGLAS COUNTY, NEVADA BOOK 878 PAGE 1576 DOCUMENT NO. 24286 recorded on 08/18/1978 and WHEREAS the undersigned as the present beneficiary of the DEED OF TRUST desire to change the TRUSTEE therein, and WHEREAS the undersigned further desire to have the property hereinafter mentioned Released by reason of the payment of the indebtedness secured by said DEED OF TRUST: NOW THEREFORE, the undersigned does hereby substitute the undersigned as TRUSTEE under the terms of said DEED OF TRUST in place of the original TRUSTEE above mentioned, with the power to perform the trusts therein imposed, and in consideration of the payment of said indebtedness, receipt of which is acknowledged, DOES HEREBY RECONVEY to the person(s) legally entitled thereto, but without warranty, all of the property covered by said DEED OF TRUST now held by said TRUSTEE under the terms of said DEED OF TRUST. LEGAL DESCRIPTION as described on said Deed of Trust BENEFICIARY & SUBSTITUTED TRUSTEE: FEDERAL NATIONAL MORTGAGE ASSOCIATION

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COUNTY)

2003

Cynthia Truesdale

perfora me, as authorized agents, personally known to me (or proved to me on the basis of dence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that

BY:

and Susan K. Clarke as authorized agents, 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.

Signed on

STATE OF

Fairfax

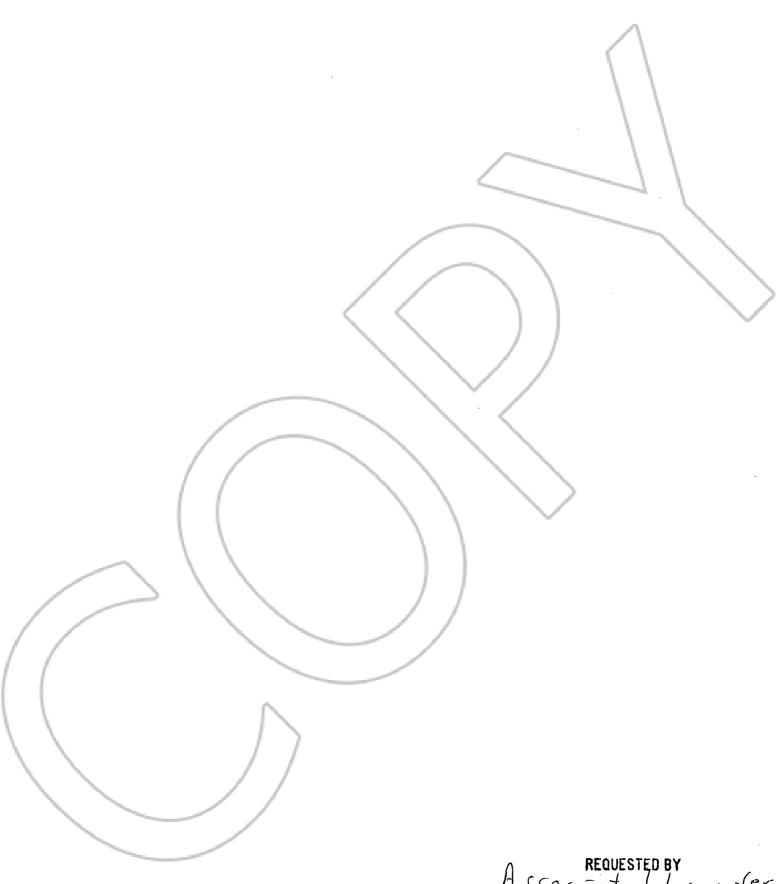
APR

THIS INSTRUMENT WAS DRAFFED BY Eileen J. Flugaur/gcp
Associated Loan Services Department 1305 Main Street
Stevens Point WI 54481

Cynthia Truesdale Notary Public Commonwealth of Virginia My Commission Expires August 31, 2004

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REQUESTED BY

IN OFFICIAL RECORDS OF

DOUGLAS CO. HEYADA

2003 MAY -5 AM 8: 40

WERNER CHRISTEN
RECORDER

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