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: APN: 1320-29-213-042

OTTO HELFENSTEIN HEDWIG M. HELFENSTEIN 1632 LANTANA DRIVE MINDEN, NV 89423

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

Loan # 3711120021

Parcel# 1320-29-213-042

Property: 1632 LANTANA DRIVE, MINDEN, 89423

Provident Funding Associates, L.P., a California limited Partnership, the present Beneficiary under that certain Deed of Trust executed by OTTO HELFENSTEIN HUSBAND AND WIFE HEDWIG M. HELFENSTEIN, Trustor, in the amount of \$155,000.00 to STEWART TITLE OF DOUGLAS COUNTY, as original Trustee, and recorded on 01/16/2002 as Instrument No. 0532462 in Book 0102, Page 4533, 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: 03/17/2003

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

OFFICIAL SEAL

SALLY HALASZ NOTARY PUBLIC - CALIFORNIA COMMISSION # 1281732 SONOMA COUNTY My Commission Exp. Nov. 22, 2004

By: _//_

On March 17, 2003 before me Sally Halasz personally appeared Denise Jamison, 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

Name: Denise Jamison

Title: Assistant Vice President

STATE OF CALIFORNIA COUNTY OF SONOMA

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.

WIZNESS my hand and official seal.

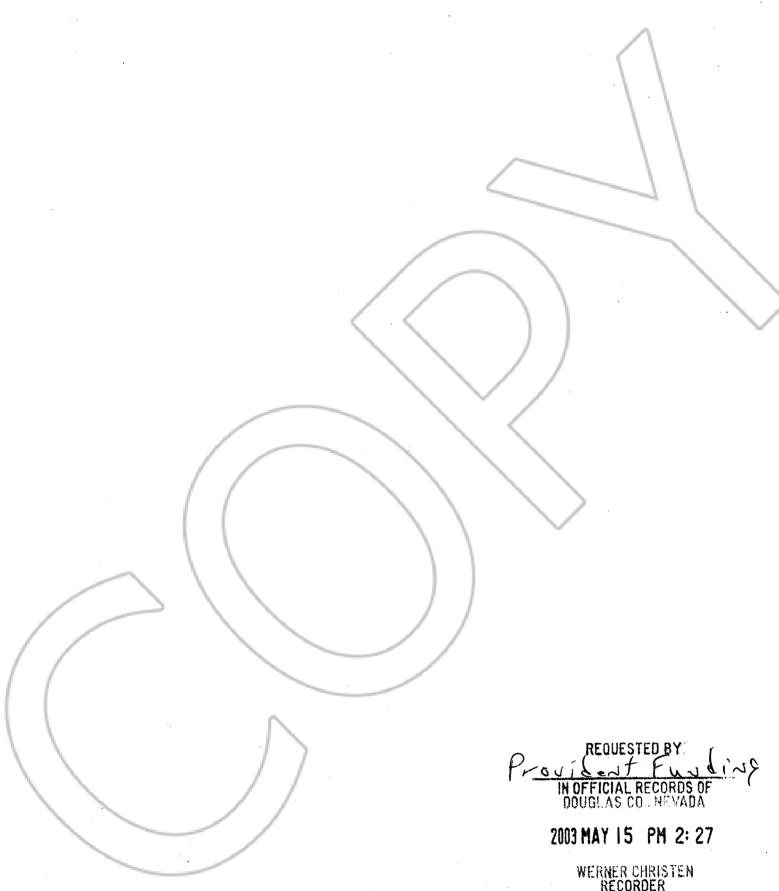
Sally Halasz, California Notary Public

My Commission Expires: 11/22/2004

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

0576973

BK 0503 PG 07829



0576973 BK0503PG07830 WERNER CHRISTEN
RECORDER

PAID DEPUTY