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SUBSTITUTION OF TRUSTEE & DEED OF RECONVEYANCE

APN: 1220-16-510-054

The undersigned hereby affirms that there is no Social Security number contained in this document

The undersigned Beneficiaries, in and under the provisions of that certain Deed of Trust executed by GAMETOY STEPHENSON, a married woman as her sole and separate property, NINA M. ALCANTARA, a married woman as her sole and separate property and IRENE A. LAURIN, a widow, Trustors, to DOUGLAS COUNTY TITLE CO. INC., a Nevada corporation, as Trustee for EDWARD L. SHOCKEY and AUDREY SHOCKEY, husband and wife, Beneficiaries, dated May 4, 1984, and recorded on June 12, 1984, as Document No. 102032 of Official Records in the office of the Recorder of Douglas County, State of Nevada, do(es) in accordance with the provisions of said Deed of Trust, hereby give notice of the Substitution and Appointment of EDWARD L. SHOCKEY in place and instead of DOUGLAS COUNTY TITLE CO. INC., a Nevada corporation the Trustee above named, and do(es) hereby vest in said Deed of Trust upon the Trustee therein named. And whereas the indebtedness secured, to be paid by the Deed of Trust above mentioned has been fully paid and/or satisfied.

NOW THEREFORE EDWARD L. SHOCKEY, substituted Trustee, does hereby GRANT AND RECONVEY unto the parties entitled thereto without warranty, all the estate and interest derived to the said Trustee under said Deed of Trust in the lands therein described, situated in the County of Douglas, State of Nevada. Reference being hereby made specifically to said Deed of Trust and the record thereof for a particular description of said lands.

Dated: 4-20-09

by: Edward L. Shockey
Edward L. Shockey, as Beneficiary & Substituted Trustee

by: Audrey R. Shockey
Audrey Shockey, as Beneficiary

APN: 1220-16-510-054

State of Oregon, County of Douglas) ss.

On April 20th 2009, before me, Kristi Fairchild, a Notary Public in and for said County and State, personally appeared Edward Shockey & Audrey Shockey 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.
Signature

Kristi Fairchild

Kristi Fairchild
Notary Public for Oregon County, Douglas
My commission expires: 9/29/2012



BK-509
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