April # 1022-15-001-101

[RECORDING REQUESTED BY First American Title Insurance Company

AND WHEN RECORDED MAIL TO:]

Trustee Corps
2112 Business Center Drive,
2nd floor
Irvine, CA 92612

DOC # 746128
06/26/2009 01:28PM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICAN NATIONAL
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-609 PG-8722 RPTT: 0.00

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

[SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY]

Trustee Sale# NV0946491-2 Loan# 0133108373 Title Order# 4163028

SUBSTITUTION OF TRUSTEE

WHEREAS, <u>UNITED TITLE OF NEVADA</u> was the original Trustee, and <u>WELLS FARGO BANK</u>, <u>N.A.</u> was the original Beneficiary, and <u>HIRAM ANDREW ORTEGA, AN UNMARRIED MAN</u> was the original Trustor(s) under that certain Deed of trust dated <u>11/12/2003</u>, <u>Recorded on 11/21/2003 as Document No. 0597484 BOOK 1103 PG 10011</u> of Official Records in the office of the Recorder of <u>Douglas</u>. County, <u>NEVADA</u>, and

WHEREAS, <u>WELLS FARGO BANK, N.A.</u> the undersigned, is the present Beneficiary under said Deed of Trust, and,

WHEREAS, the undersigned, desires to substitute a new Trustee under said Deed of Trust in the place of and instead of said original Trustee or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned Beneficiary hereby substitutes MTC FINANCIAL INC. dba TRUSTEE CORPS, whose address is: 2112 BUSINESS CENTER DRIVE, 2ND FLOOR, IRVINE, CA 92612. as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

DATED: 06/04/09

BENEFICIARY:

WELLS FARGO BANK, N.A.

Barrett Herndon , VP of Loan Doc

Trustee Sale# NV0946491-2 Loan# 0133108373 Title Order# 4163028

State ofSouth Carolina	\ \
County of York	\ \
On before me, Amanda Hosenself	, a notary
public, personally appeared Barrett Herndon who proved to me o	n the basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within it	instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(is	s), 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.	
I certify under PENALTY OF PERJURY under the laws of the State of South Carolin	a that the
foregoing paragraph is true and correct.	
WITNESS my hand and official seal. AMANDA ELIZABETH HOSENFI Notary Public, South Carol Notary Public in and for said County and State My Commission Expires My Commission Expires	ELD Ina
Notary Public III and for said County and State	