APN: 1220-21-710-165 RECORDING REQUESTED BY: LPS Default Title Company DOC # 750014

09/01/2009 03:41PM Deputy: DW

OFFICIAL RECORD

Requested By:
LSI TITLE AGENCY INC.

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 1 Fee: 14.00

BK-909 PG-214 RPTT: 0.00

AND WHEN RECORDED MAIL TO:

Old Republic Default Management Services

500 City Parkway West, Suite 200

Orange, California 92868 APN: 1220-21-710-165

0326066982

SPACE ABOVE THIS LINE FOR RECORDER 5 USE

TS No.: 09-33161 TSG Order No.: 090381215-NV-MSO

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

## SUBSTITUTION OF TRUSTEE

WHEREAS, MIKE LIDDELL, A SINGLE MAN was the original Trustor, CHICAGO TITLE COMPANY was the original Trustee, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. was the original Beneficiary under that certain Deed of Trust dated 11/10/2006 and recorded on 11/21/2006 as Instrument No. / DOC# 0689283, in book 1106, page 7677 of Official Records of Douglas County, Nevada; and

WHEREAS, 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 place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes Old Republic Default Management Services, a Division of Old Republic National Title Insurance Company, P.O. Box 250, Orange, CA 92856-6250, 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: 5/29/2009	Mortgage Electronic Registration Systems, Inc.
	Cran Cran
State of California	Michele M. Curtis
State of <u>California</u> County of <u>Sacramento</u>	Assistant Secretary
the person(s) whose name(s) is/are subscribe executed the same in his/her/their authorized	who proved to me on the basis of satisfactory evidence to be bed to the within instrument and acknowledged to me that he/she/they I capacity(ies), and that by his/her/their signature(s) on the instrument the the person(s) acted, executed the instrument.
I certify under penalty of perjury under the paragraph is true and correct.	e laws of the State of that the foregoing
WITNESS my hand and official seal.	
Signature (S	COMM.#1703685

EXP. DEC 4, 2010