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DOC # 0753175
11/02/2009 12:40 PM Deputy: GB

OFFICIAL RECORD

Requested By:

NORTHERN NEVADA TITLEMINDEN

A.P.N. 1220-16-210-187
Escrow No: 2090599TA
Title No: 1091865

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 19.00
BK-1109 PG- 0175 RPTT: 0.00

RECORDING REQUESTED BY:



AND WHEN RECORDED, MAIL TO:

Mr. and Mrs. Fischer
1205 Manhattan Way
Gardnerville, NV 89460

THIS SPACE FOR RECORDER'S USE ONLY

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

A.F. Incorporated Defined Benefit Pension Plan also known as A.S. Incorporated Defined Benefit Pension Plan, is the Owner and holder of the Note secured by the Deed of Trust dated November 5, 1993, made by **Kenneth P. Fischer and Tiffanne Fischer**, Trustor, to **Marquis Escrow Inc.**, a Nevada Close Corporation, as Trustee, for the benefit of as **A.F. Incorporated Defined Benefit Pension Plan also known as A.S. Incorporated Defined Benefit Pension Plan** Beneficiary, which Deed of Trust was recorded on November 9, 1993, in the office of the County Recorder of Douglas, State of Nevada, Document No. 322163, wherein **A.F. Incorporated Defined Benefit Pension Plan also know as A.S. Incorporated Defined Benefit Pension Plan, Mary Jo Arndt, Trustee**, hereby substitutes herself, as Trustee in lieu of the above named Trustee under said Deed of Trust.

A.F. Incorporated Defined Benefit Pension Plan also known as A.S. Incorporated Defined Benefit Pension Plan, hereby accepts said appointment as Trustee under said Deed of Trust and as successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey without warranty to the person or persons legally entitled thereto all estate now held by it under said Deed of Trust.

Mary Jo Arndt
Mary Jo Arndt

STATE OF _____

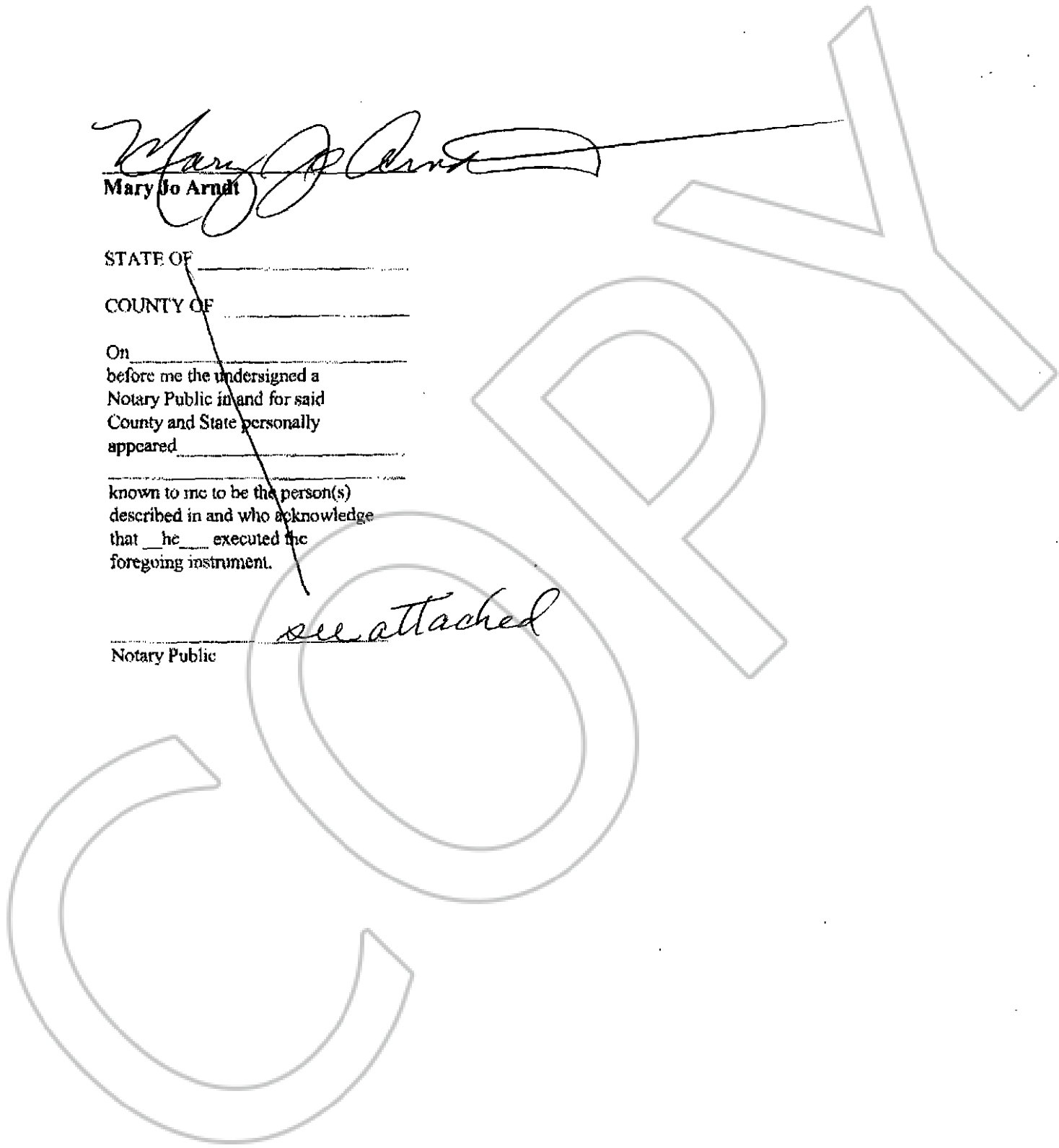
COUNTY OF _____

On _____
before me the undersigned a
Notary Public in and for said
County and State personally
appeared _____

known to me to be the person(s)
described in and who acknowledge
that he executed the
foregoing instrument.

see attached

Notary Public



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

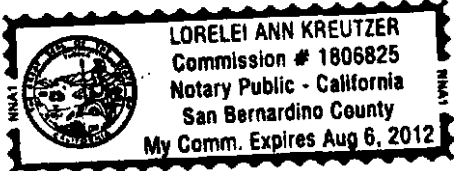
State of California }
County of San Bernardino }

LORELEI ANN KREUTZER
NOTARY PUBLIC

On 10-30-09 before me, _____
Date Here Insert Name and Title of the Officer

personally appeared Mary Jo Arnold
Name(s) of Signer(s)

who 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.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Signature Lorelei Ann Kreutzer
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

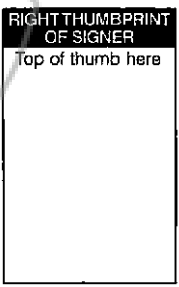
Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

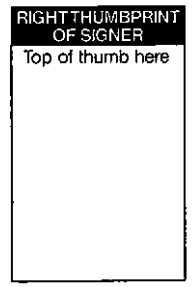
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____