RECORDING REQUESTED BY

Meridian Foreclosure Service

AND WHEN RECORDED MAIL TO **Meridian Foreclosure Service**

8485 W. Sunset Rd. Suite 205 Las Vegas, NV 89113

(702) 586-4500

DOC # 09/08/2010 03:24PM Deputy: DW OFFICIAL RECORD Requested By: LSI TITLE AGENCY INC. Douglas County - NV Karen Ellison - Recorder 1 of 2 Fee: 15.0 BK-910 PG-1600 RPTT: 0.00

APN# 1219-14-002-068

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Title Order No. Trustee Sale No. 16644NV Loan No. 1010831319

SUBSTITUTION OF TRUSTEE

WHEREAS, ERIC J NEGRETE AND DIONNA B NEGRETE HUSBAND AND WIFE AS JOINT TENANTS was the original Trustor, FIRST AMERICAN TITLE INSURANCE CO. was the original Trustee, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR INDYMAC BANK, F.S.B., A FEDERALLY CHARTERED SAVINGS BANK was the original Beneficiary under that certain Deed of trust dated 12-19-2007, Recorded 12-27-2007, Book , Page ,Instrument 715332 of Official Records in the office of the Recorder of DOUGLAS County, Nevada.

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 Beneficiary hereby substitutes MTDS, INC., A CALIFORNIA CORPORATION DBA MERIDIAN TRUST DEED SERVICE, as Trustee of Said Deed of Trust.

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

Title Order No. Trustee Sale No. 16644NV Loan No. 1010831319

The Undersigned Hereby Affirms That There Is No Social Security Number Co

Document.	iat There is No Social Security Number Contained in This
Date: 08/24/10	
— — — — — — — — — — — — — — — — — — —	d Signatory
State of	
County of Travis	
me (or proved to me on the basis of is/are subscribed to the within instruthe same in his/her/their authorized	Kelly Wrobel Suchan Murray f satisfactory evidence) to be the person(s) whose name(s) ument and acknowledged to me that he/she/they executed capacity(ies), and that by his/her/their signature(s) on the tity upon behalf of which the person(s) acted, executed the
WITNESS my hand and official seal.	
Notary Public in and for said County	and State
	and State