APN No.: 1121-05-511-019 Recording requested by:

When recorded mail to: Quality Loan Service Corporation 2141 5th Avenue San Diego, CA 92101 619-645-7711 DOC # 809317

09/19/2012 11:19AM Deputy: SG
 OFFICIAL RECORD
 Requested By:
LSI Title Agency Inc.
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-912 PG-4267 RPTT: 0.00



TS No.: NV-12-526354-EV

Space above this line for Recorder's use only

Order No.: 120300263-NV-MSO

MERS MIN No.: 100085200511817662 MERS Telephone No. 1-888-679-6377

It is hereby affirmed that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030).

Substitution of Trustee

WHEREAS, LEPOLION L. ROSE & PAULA C. ROSE, HUSBAND AND WIFE was the original Trustor, STEWART TITLE OF DOUGLAS COUNTY was the original Trustee, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR FIRST HORIZON HOME LOAN CORPORATION was the original Beneficiary under that certain Deed of Trust dated 10/26/2004 and recorded on 11/3/2004 as Instrument No. 0628443, in Book 1104 Page 02197 of Official Records of DOUGLAS County, NV; 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 stead of said original Trustee, or Successor Trustee, thereunder, in the manner provided for in said Deed of Trust.

NOW, THEREFORE, the undersigned hereby substitutes QUALITY LOAN SERVICE CORPORATION, as Trustee under said Deed of Trust.



PG-4268

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EverBank

By: Assistant Vice President

Florida Ss State of: Duval

Sally L. Goodale

undersigned Notary

Public, personally appeared _______ 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.

(Seal)

Signature

County of:

Sally L. Goodale

SALLY L. GOODALE Commission # DD 857119 Expires February 2, 2013

joined Thru Troy Fain Insurance 800-385-7019