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Doc Number: **0821213**

04/05/2013 03:22 PM

OFFICIAL RECORDS

Requested By:  
WESTERN INSURANCE

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 43.00

Bk: 0413 Pg: 1538



Deputy sd

WHEN RECORDED MAIL TO: \_\_\_\_\_ Above space for recorder's use

Western Insurance Company  
P.O. Box 21030  
Reno, NV 89515

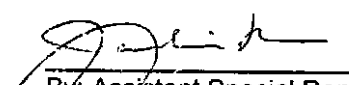
**SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE**

WHEREAS: Western Insurance Company, a Utah Corporation are the Owners and Holders of the Agreement secured by the Deed of Trust, dated May 25, 1999, made by Howard Herz and Gregg L. Herz, a married couple, Trustor, to Western Title Company, Trustee, for the benefit of Western Insurance Company, a Utah Corporation, BENEFICIARY, which said Deed of Trust was recorded in the Office of the County Recorder of Douglas, State of Nevada, on June 11, 1999, Document No. 0470195 Book 0699 Page 2854 hereby SUBSTITUTES Western Insurance Company, a Utah Corporation, as TRUSTEE, in Lieu of the above Trustee, under said Deed of Trust.

AND, Western Insurance Company, a Utah Corporation, hereby ACCEPTS the appointment as TRUSTEE under said Deed of Trust, and as SUCCESSOR TRUSTEE, pursuant to the Request of said Owners and Holders, 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 of the estate held by it under said Deed of Trust.

IN WITNESS THEREOF THEY HAVE CAUSED THESE PRESENTS TO BE EXECUTED BY THEM, THIS March 27, 2013.

Western Insurance Company

  
By: Assistant Special Deputy Liquidator  
Jackie Muro

# ALL-PURPOSE ACKNOWLEDGMENT

State of Nevada

County of Washoe

On March 27, 2013 before me, Kathy Harshbarger, Notary Public,

personally appeared Jackie Muro, Assistant Special Deputy Liquidator,  
(Here insert name and title of the officer)

who proved to me 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 NV that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kathy Harshbarger  
Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

**DESCRIPTION OF THE ATTACHED DOCUMENT**

\_\_\_\_\_  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

\_\_\_\_\_  
(Additional Information)

**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)

Corporate Officer

\_\_\_\_\_  
(Title)

Partner (s)

Attorney-in-Fact

Trustee(s)

Other Beneficiary and Successor  
Trustee

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgement.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgement is completed
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public)
- Print the name(s) of document signer(s) who personally appear at the time of notarization
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgement form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgement is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate Officer, indicate the title (i.e. CEO, CFO, Secretary)
- Securely attach this document to the signed document.