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US Bank Home Mortgae PO Box 20005 Owensboro, KY 42304-9989

APN # 1219-15-002-006

Recording Requested By: U.S. BANK HOME MORTGAGE
And When Recorded Mail To: U.S. BANK NATIONAL

ASSOCIATION 4801 FREDERICA STREET OWENSBORO, KY

42301 KY 42301 KY 42301

MERS MIN#: 100021200004589213

PHONE#: (888) 679-6377

Doc Number: **0832669**

10/28/2013 10:36 AM OFFICIAL RECORDS Requested By U S BANK

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

age: 1 Of 2 Fee: \$ 15.00

Bk: 1013 Pg: 5071

Deputy: 9b

Investor #: 053

SUBSTITUTION OF TRUSTEE

Service#: 671075RL1

The undersigned does hereby affirm that this document submitted for recording does not contain personal information about any person.

WHEREAS, JOHN D WARTH AND SARAH G WARTH HUSBAND AND WIFE as Trustor, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR U.S. BANK NA, ITS SUCCESSORS AND ASSIGNS, as the Original Beneficiary under that certain Deed of Trust, dated SEPTEMBER 29, 2011 and recorded OCTOBER 13, 2011 as Instrument No. 0790956, in Book No. 1011, at Page No. 2166 of official records of DOUGLAS County, State of NEVADA.

WHEREAS, the undersigned desires to substitute a Trustee under said Deed of Trust in the place and stead of OLIVIA TODD.

NOW THEREFORE, the undersigned hereby substitutes U.S. BANK NATIONAL ASSOCIATION, 4801 FREDERICA STREET, OWENSBORO, KY 42301 0000 as Trustee under said Deed of Trust.

Dated: OCTOBER 23, 2013

Beneficiary:

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR U.S. BANK NA, ITS SUCCESSORS AND ASSIGNS

Ву: 🕻

Liz Funk, Assistant Secretary

BK: 10:13 PG: 5072 10/28/20:13

Loan#: 2200174731 Srv#: 671075RL1

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 $\begin{array}{ccc} \text{State of} & \underline{\text{KENTUCKY}} & \\ \text{County of} & \underline{\text{DAVIESS}} & \\ \end{array} \} \text{ ss.}$

On OCTOBER 23, 2013, before me, Donna Goggin, a Notary Public, personally appeared Liz Funk, 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 KENTUCKY that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(Notary Name): Donna Goggin Commission Expires: 03/28/2015

Commission No: 439982

