DOC # 836662

01/13/2014 01:06PM Deputy: AR

OFFICIAL RECORD

Requested By:

Premier American Title

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 1 Fee: \$14.00

BK-114 PG-1822 RPTT: 0.00

RECORDING REQUESTED BY:National Default Servicing Corporation

WHEN RECORDED MAIL TO: National Default Servicing Corporation 7720 N. 16th Street, Suite 300 Phoenix, AZ 85020

NDSC File No. : 13-01446-FS-NV APN No. : 131803212049

41363472

SPACE ABOVE THIS LINE FOR RECORDER S USE

SUBSTITUTION OF TRUSTEE

WHEREAS, Anthony T. Salazar And Donica Salazar, Husband And Wife As Community Property. was the original Trustor(s), Joan H. Anderson was the original Trustee and Mortgage Electronic Registration Systems, Inc., as nominee for Wade Financial Services, Inc., its successors and assigns was the original Beneficiary under that certain Deed of Trust dated 08/01/2007 and recorded on 08/01/2007 as Instrument No. 706786 BK-0807 PG-00721 of the Official Records of Douglas County, State of NV and

WHEREAS, the undersigned is the present beneficiary under the said Deed of Trust, and WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in place of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes National Default Servicing Corporation, An Arizona Corporation, whose address is 7720 N. 16th Street, Suite 300, Phoenix, Arizona 85020, as Trustee under said Deed of Trust. Said Substitute Trustee is qualified to serve as Trustee under the laws of this state.

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

Dated: 1-3-14

Flagstar Bank, FSB

Its: **KEVIN PAPERD**

Asst Vice President

	1. 1	Assi vice President
STATE OF	MICHIGAN OAKLAND	
On Sanuary	3 nd 2014 hef	ore me, the undersigned, a Notary Public for said State, personally
appeared KEV	IN PAPERD	who personally known to me (or who evidence) to be the person(s) whose name(s) is/are subscribed to
the within instrum authorized capaci	nent and acknowledged ty(ies), and that by his/	to me that he/she/they executed the same in his/her/their her/their signature(s) on the instrument the person(s), or the entity
1	/ /	l, executed the instrument. PATRICK W WATSON NOTARY PUBLIC, MACOMB COUNTY, MI
Signature	po and official seal.	My Commission Expires 03/24/2019 Acting in the County of Oakland
Oignaturo	///	