**DOUGLAS COUNTY, NV** 

2016-879961

Rec:\$15.00

\$15.00

Pgs=2

04/27/2016 10:49 AM

FIRST AMERICAN TITLE INSURANCE CO.- API

KAREN ELLISON, RECORDER

APN: 1320-30-714-010 and 1320-30-714-008

When Recorded Return To: First American Title Insurance Company 2500 Paseo Verde Parkway, Ste.120 Henderson, NV 89074

Trustee Sale No. 2500053-IRK

## SUBSTITUTION OF TRUSTEE

WHEREAS, MINDEN VILLAGE I, LLC, a Nevada limited liability company was the original Trustor, MARQUIS TITLE & ESCROW INC. was the original Trustee, and SERIES AGI IRVINE OF APPIAN GROUP INVESTORS DE, LLC, a Delaware series limited liability company was the original Beneficiary and under that certain Deed of Trust dated 05/17/2007, and recorded on 05/30/2007 as Document No. 0702031 of Official Records in the Office of the Recorder of Douglas County, Nevada.

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 the place and stead of said Original Trustee there under, in the manner in said Deed of Trust provided.

NOW THEREFORE, the undersigned hereby substitutes FIRST AMERICAN TITLE INSURANCE COMPANY, a California Corporation.

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

## Dated:

a Delaware series limited liability compa	any	
By: Jonathan Coffer		
STATE OF California COUNTY OF Marin	) : ss )	
This instrument was acknowledged before me	ĺ	
on		
by:		1 1 1 1
	Sle	attalehed
Notary Public		
(My commission expires :)		

Series AGI Irvine of Appian Group Investors DE, LLC

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California			
County ofMarin	( )		
	_ } \ \		
On 4-20-2016 before me,	Here Insert Name and Title of the Officer		
personally appeared Jona Hun Lot	Here Insert Name and Title of the Officer		
personally appeared	Name(s) of Signer(s)		
wh	o proved to me on the basis of satisfactory evidence to		
be be	the person(s) whose name(s) is/are subscribed to the		
	thin instrument and acknowledged to me that		
	/she/they executed the same in his/her/their authorized pacity(ies), and that by his/her/their signature(s) on the		
	trument the person(s), or the entity upon behalf of		
Marin County E Wh	ich the person(a) acted, executed the instrument.		
My Comm. Expires Dec 14, 2017			
	ertify under PENALTY OF PERJURY under the laws		
	the State of California that the foregoing paragraph is e and correct.		
uu	e and correct.		
WI	TNESS my hand and official seal.		
	(Paralle Labora)		
Place Notary Seal Above	nature Signature of Notary Public		
OPTIONAL OPTIONAL			
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.			
Description of Attached Document			
Title or Type of Document: Sub Stitution of Trustee			
Document Date: 4-20-2016			
Document Date:			
Signer(s) Other Than Named Above:			
Conneitudies) Oleimed In Church			
Capacity(ies) Claimed by Signer(s)			
Signer's Name:	Signer's Name:		
☐ Individual	☐ Individual		
□ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):		
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General		
<ul> <li>☐ Attorney in Fact</li> <li>☐ Trustee</li> <li>OF SIGNER</li> <li>Top of thumb here</li> </ul>	☐ Attorney in Fact  OF SIGNER  Top of thumb here		
☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator		
□ Other:	☐ Other:		
Signer Is Representing:	Signer Is Representing:		