APN: 1418-34-112-002

IC No.: 1158

Recording Requested by:

Allied Loan Serving LLC
1000 Caughlin Crossing, Suite 30
Reno, Nevada 89519

When Recorded Mail to:

Allied Loan Servicing LLC
1000 Caughlin Crossing, Suite 30
Reno, NV 89519

 DOUGLAS COUNTY, NV
 2018-909860

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 FIRST CENTENNIAL - RENO (MAIN OFFICE)
 KAREN ELLISON, RECORDER

THE STATE OF

SUBSTITUTION OF TRUSTEE & DEED OF RECONVEYANCE

The undersigned hereby affirms that there is no Social Security number contained in this document

The undersigned Beneficiaries, in and under the provisions of that certain Deed of Trust executed by JOEY MAX LAUB, Trustor, to TICOR TITLE OF NEVADA, INC., as Trustee for DIESS FAMILY LIMITED PARTNERSHIP, a Nevada Limited Partnership, Beneficiary, dated FEBRUARY 12, 2016, and recorded on FEBRUARY 12, 2016, as Document No. 2016-876750 of Official Records in the office of the Recorder of DOUGLAS County, State of Nevada, do(es) in accordance with the provisions of said Deed of Trust, hereby give notice of the Substitution and Appointment of DIESS FAMILY LIMITED PARTNERSHIP, a Nevada Limited Partnership in place and instead of TICOR TITLE OF NEVADA, INC., the Trustee above named, and do(es) hereby vest in said Deed of Trust upon the Trustee therein named. And whereas the indebtedness secured, to be paid by the Deed of Trust above mentioned has been fully paid and/or satisfied.

NOW THEREFORE, **DIESS FAMILY LIMITED PARTNERSHIP**, a **Nevada Limited Partnership**, substituted Trustee, does hereby GRANT AND RECONVEY unto the parties entitled thereto without warranty, all the estate and interest derived to the said Trustee under said Deed of Trust in the lands therein described, situated in the County of **DOUGLAS**, State of Nevada. Reference being hereby made specifically to said Deed of Trust and the record thereof for a particular description of said lands.

Dated: 1/18/18

y: Low m. Dress

DIESS FAMILY LIMITED PARTNERSHIP, a Nevada Limited Partnership, as Beneficiary & Substituted Trustee Lois M. Diess

| CALIFORNIA ALL-PURPOSE ACKNOWLEDGN | MENT CIVIL CODE § 1189 |
|---|--|
| A notary public or other officer completing this certificate document to which this certificate is attached, and not the | te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document. |
| State of California) | |
| County of Los Angeles) | |
| | Vania D. A. I. Dur |
| On l8 2018 before me, | Yeronica Pena Notary Public, |
| Date | Here Insert Name and Title of the Officer |
| personally appeared Lois M. | Diess |
| personally appeared | Name(s) of Signer(s) |
| | Hamoly or orginary |
| subscribed to the within instrument and acknowled his/her/their authorized capacity(iee), and that by his or the entity upon behalf of which the person(s) ac | certify under PENALTY OF PERJURY under the laws |
| | of the State of California that the foregoing paragraph |
| VERONICA PENA | s true and correct. |
| Notary Public - California | WITNESS my hand and official seal. |
| Los Angeles County | |
| Commission # 2146311 Amy Comm. Expires Mar 14, 2020 | Signature 7 Sala |
| wy Culmii. Expires mai 14, 2020 | Signature Signature of Notary Public |
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| Place Notary Seal Above | |
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| | information can deter alteration of the document or |
| | form to an unintended document. |
| Description of Attached Document | Down to F Paris Alling |
| Title or Type of Document: Substitution of | Truster 1 Document Date: 1/18/18 |
| Number of Pages: _\ Signer(s) Other That | n Named Above: NA |
| \ | Named Above. 14 17 |
| Capacity(ies) Claimed by Signer(s) | 0: 1 1 1 |
| Signer's Name: Low M Dicss | Signer's Name: |
| ☐ Corporate Officer — Title(s): | ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General |
| ☐ Individual ☐ Attorney in Fact | ☐ Individual ☐ Attorney in Fact |
| ☐ Trustee ☐ Guardian or Conservator | ☐ Trustee ☐ Guardian or Conservator |
| Other: | Other: |
| Signer Is Representing: | Signer Is Representing: |
| | |