

## RECORDING REQUESTED BY: SOCOTRA CAPITAL

MAIL TO: The Socotra I

The Socotra Fund, LLC c/o Socotra Capital Nevada, Inc. 2208 29<sup>th</sup> Street #100 Sacramento, CA 95817

APN: 1319-30-712-007 LOAN #: 17-78N DOUGLAS COUNTY, NV Rec:\$35.00

2018-916446 07/05/2018 02:56 PM

Total:\$35.00 SOCOTRA CAPITAL

Pgs=2



KAREN ELLISON, RECORDER

## SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

The undersigned, The Socotra Fund, LLC, a California Limited Liability Company as the present Beneficiary of the Note secured by Deed of Trust dated 05/04/2017

made by: GreenPay, LLC, a Wyoming Limited Liability Company

Trustor, to First Centennial Title, a title & escrow company

Trustee, for The Socotra Fund, LLC a California Limited Liability Company as Beneficiary, which Deed of Trust was recorded 5/15/2017

In Doc No. 2017-898644

Of Official Records of Douglas County, NV Recorder and hereby substitutes

The Socotra Fund, LLC, a California Limited Liability Company in lieu of the trustee herein.

The Socotra Fund, LLC, a California Limited Liability Company hereby accepts said appointment as trustee under the above Deed of Trust, and as substituted Trustee, and pursuant to the request of said owner and holder 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 the estate now held by it under said Deed of trust.

IN WITNESS WHEREOF the present Beneficiary above named, and The Socotra Fund, LLC, a California Limited Liability Company as Substituted trustee, has caused this instrument to be executed, each in its respective interest.

SUBSTITUTED TRUSTEE:

The Socotra Fund, LLC, a California Limited

Liability Company

Date:

By: Adham Sbeih Its: Manager **BENEFICIARY:** 

The Socotra Fund, LLC, a California Limited

Liability Company

By: Adham Sbeih

Its: Manager

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
State of California County of Sacramento	
On $b/22/l8$ before me, Nic	cole Rhyanna Simpson, Notary Public
Date	Here Insert Name and Title of the Officer
personally appearedAuhan	
	Name(s) of Signer(s)
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 California that the foregoing paragraph is true and correct.
NICOLE RHYANNA SIMPSON Commission # 2144181 Notary Public - California Sacramento County My Comm. Expires Feb 26, 2020	WITNESS my hand and official seal. Signature
Place Notary Seal Above	Signature of Notary Public
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.	
Description of Attached Document	
Title or Type of Document:	N 1 1/2
Document Date:	Number of Pages:
Capacity(ies) Claimed by Signer(s)	
	Signer's Name:
Signer's Name: Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator
Other:	☐ Other:
Signer Is Representing:	<u> </u>
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