

RECORDING REQUESTED BY: SOCOTRA CAPITAL

MAIL TO:

The Socotra Fund, LLC c/o Socotra Capital 2208 29th Street #100 Sacramento, CA 95817

APN: 1318-10-413-011 LOAN #: 17-08N

DOUGLAS COUNTY, NV

SOCOTRA CAPITAL INC

Rec:\$35.00 Total:\$35.00

09/17/2018 01:09 PM

2018-919702

Pqs=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 01/11/2017

made by: Joan M. Stein, Trustee of The 2005 Joan M. Stein Family Trust

Trustor, to Signature Title, a title & escrow company

Trustee, for The Socotra Fund, LLC a California Limited Liability Company as Beneficiary, which Deed of Trust was recorded 01/27/2017

Doc. 2017-893930

Of Official Records of Douglas County, NV 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

By: Socotra Capital, Inc., a California Corporation

Its: Manager

By: Adham Sbeih Its: President

BENEFICIARY:

The Socotra Fund, LLC, a California Limited

Liability Company

By: Socotra Capital, Inc., a California Corporation

Its: Manager

By: Adham Sbeih

Its: President

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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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 September 7, 2018 before me, Tami McClain, Notary Public Date Here Insert Name and Title of the Officer	
Date personally appeared Adham Sbeih	Here insert Name and True of the Officer
personally appeared	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/spe/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.	
TAMI MCCLAIN Notary Public – California Sacramento County Commission # 2222358	ertify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct. TNESS my hand and official seal. gnature 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: Document Date: Signer(s) Other Than Named Above:	Number of Pages:
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	Signer's Name: Corporate Officer — Title(s): Partner — Limited
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