DOUGLAS COUNTY, NV

2018-923931

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SERVICELINK TITLE AGENCY INC.

KAREN ELLISON, RECORDER

APN: 1319-30-620-000 RECORDING REQUESTED BY: Sables, LLC

AND WHEN RECORDED MAIL TO: Sables, LLC c/o Zieve Brodnax & Steele 9435 West Russell Road, Suite 120 Las Vegas, Nevada 89148

SPACE ABOVE THIS LINE FOR RECORDER'S USE

TS No.: 18-54977

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

SUBSTITUTION OF TRUSTEE

WHEREAS, ALLEN DEAVER, a single man was the original Trustor, PRLAP, INC. was the original Trustee, and BANK OF AMERICA, N. A. was the original Beneficiary under that certain Deed of Trust dated 7/18/2007 and recorded on 7/20/2007 as Instrument No. 0705906, in book, page of Official Records 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 place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes Sables, LLC, a Nevada limited liability company, as Trustee under said Deed of Trust.

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

Dated: 12 12 2014

Wilmington Savings Fund Society, FSB, d/b/a Christiana Trust, not individually but as trustee for Hilldale Trust By: Fay Servicing, LLC, as attorney in fact

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

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State of 4/buda	
County of HIII SO BURYIN	ictl
Before me, With t. Binin	_, the undersigned officer, on this, the $\frac{/\mathcal{S}}{}$ day
(insert name of notary)	. 11
of <u>Meeth</u> , 20/8, personally appear	ared 1 res Rounon
	(insert name of signer)
known to me or, through production of _	aş ider

ntification, who identified her/himself to be the FORCUSUM SOULUST of FULL SUMMING, LLC person and officer whose name is subscribed to the foregoing instrument, and being authorized to do so, acknowledged that (s)he had executed the foregoing instrument as the act of such corporation for the purpose and consideration described and in the capacity stated.

(seal)



(Type or print name below signature)

Notary Public, State of Hould My Commission Expires: Allast 9,2021