

APN: 1121-05-510-001

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.: 19-56196

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

SUBSTITUTION OF TRUSTEE

WHEREAS, ROBERT W. ELLIOTT AND PATRICE L. ELLIOTT 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 7/1/2003 and recorded on 7/10/2003 as Instrument No. 0582919, in book 0703, page 04466 of Official Records of Douglas County, Nevada; and

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

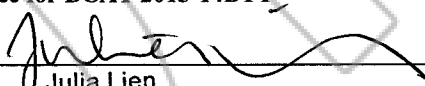
WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

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: May 29, 2019

Wilmington Savings Fund Society, FSB, doing business as
Christiana Trust, not in its individual capacity, but solely as
trustee for BCAT 2015-14BTT

By: 
Julia Lien

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 Florida
County of Duval

On 5-29-19 before me, Alton Horton Notary Public, personally appeared Julia Lien 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 Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

Alton Horton

