

RECORDING REQUESTED BY
F&A FEDERAL CREDIT UNION
WHEN RECORDED, MAIL TO:
. STEVEN J OLDAKER
CATHY L OLDAKER
2947 SONOMA CT
MINDEN, NV 89423

DOUGLAS COUNTY, NV **2021-966168**
Rec:\$40.00
\$40.00 Pgs=2 **04/26/2021 08:46 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

207470 L71.3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

SUBSTITUTION OF TRUSTEE and FULL RECONVEYANCE

WHEREAS STEVEN J. OLDAKER AND CATHY OLDAKER, HUSBAND AND WIFE, AS JOINT TENANTS

was the original Trustor, CHICAGO TITLE INSURANCE COMPANY

was the original Trustee, and F&A Federal Credit Union was the original Beneficiary under that certain

Deed of Trust dated February 8, 2017 and recorded on February 14, 2017

in Book N/A Page N/A Inst. No. 2017-894696

Official Records of DOUGLAS County, Nevada, and

WHEREAS, the undersigned Beneficiary desires to substitute as new Trustee under said Deed of Trust in place and stead of Title Insurance and Trust Company;

NOW THEREFORE, the undersigned hereby substitutes (themselves, himself, herself) as Trustee under said Deed of Trust, and does hereby RECONVEY, without warranty to the person or persons legally entitled thereto, the estate now held thereunder. **F&A Federal Credit Union**

DATE: 03/23/2021

BY:

Michael Harden

Assistant Treasurer, F&A Federal Credit Union

BY:

Aymee Lola Yanes

Assistant Treasurer, F&A Federal Credit Union

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

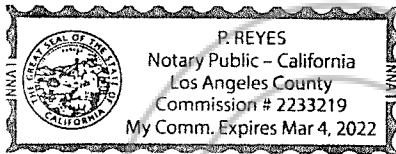
CIVIL CODE § 1189

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 LOS ANGELES }

On 04/06/2021 before me, P. REYES, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer
personally appeared MICHAEL HARDEN AND AYMEE LOLA YANES
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.

WITNESS my hand and official seal.

Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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: Substitution of Trustee & Full Reconveyance

Document Date: 03/23/2021 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer – Title(s): _____
 Partner – Limited General
 Individual Attorney in Fact
 Trustee Guardian of Conservator
 Other: _____
Signer is Representing: _____

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 Corporate Officer – Title(s): _____
 Partner – Limited General
 Individual Attorney in Fact
 Trustee Guardian of Conservator
 Other: _____
Signer is Representing: _____