

A.P.N.: 1320-32-716-005  
File No: 123-2628892 (VD)

When Recorded, Mail To:  
Citadel Servicing Corporation  
25531 Commercentre Drive Suite 250  
Lake Forest, CA 92630

A.P.N.: 1320-32-716-005

## **SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE**

Citadel Servicing Corporation, a California corporation, as owner and holder of the Note and Deed of Trust dated September 30, 2021, made by Joel Hay Nevada Properties LLC, a Nevada limited liability company, as Trustor, to First American Title Insurance Company, Trustee for the benefit of Citadel Servicing Corporation, a California corporation, Beneficiary which Deed of Trust was recorded on October 1, 2021, as Document No. 2021-974990, in Book No. N/A of Official records, Douglas County, Nevada, hereby substitutes Citadel Servicing Corporation, a California corporation, as Trustee in lieu of the above named Trustee under said Deed of Trust.

Citadel Servicing Corporation, a California corporation, hereby accepts said appointment as Trustee under Deed of Trust. Citadel Servicing Corporation, a California corporation as successor Trustee, has been duly requested to Quitclaim and Reconvey the property herein mentioned, by reason of the payment of the indebtedness secured by said Deed of Trust.

NOW, THEREFORE, IN CONSIDERATION OF said request and payment of its fees in the premises, receipt of which is acknowledged, and payment of said indebtedness, said Trustee **DOES HEREBY QUITCLAIM AND RECONVEY** to the person or persons legally entitled thereto, but without warranty, all the property covered by said Deed of Trust now held by said Trustee under the terms of said Deed of Trust.

Dated: **October 08, 2021**

  
\_\_\_\_\_  
**Kyle Gunderklock, CEO of Citadel Servicing Corporation, a California corporation**

**A.P.N.: 1219-03-001-058**

Substitution of Trustee and Deed of  
Reconveyance - continued

File No.: 123-2628892 (VD)

STATE OF **NEVADA**  
COUNTY OF **WASHOE**

)  
:ss.  
)

This instrument was acknowledged before me on this:  
\_\_\_\_\_ day of \_\_\_\_\_,

By:

By: \_\_\_\_\_ / Its: \_\_\_\_\_  
\_\_\_\_\_

Notary Public  
(My commission expires: \_\_\_\_\_ )

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 Orange }

On Oct. 12, 2021 before me, S.K. Von Borstel Notary Public  
(Here insert name and title of the officer)

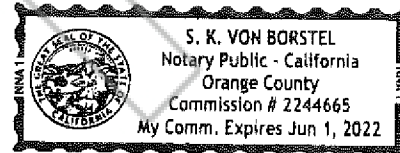
personally appeared Kyle Gunderklock,  
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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.

*[Handwritten Signature]*

\_\_\_\_\_  
 Notary Public Signature (Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document) \_\_\_\_\_

(Title or description of attached document continued) \_\_\_\_\_

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

\_\_\_\_\_ (Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
  - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
  - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
  - Print the name(s) of document signer(s) who personally appear at the time of notarization.
  - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
  - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
  - Signature of the notary public must match the signature on file with the office of the county clerk.
    - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
    - ❖ Indicate title or type of attached document, number of pages and date.
    - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
  - Securely attach this document to the signed document with a staple.