

DOUGLAS COUNTY, NV **2022-988856**
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\$40.00 Pgs=1 **08/26/2022 09:39 AM**
SERVICELINK TITLE AGENCY INC.
KAREN ELLISON, RECORDER

APN: 1220-03-211-004

RECORDING REQUESTED BY:
ServiceLink, A Black Knight Financial Services Company

AND WHEN RECORDED MAIL TO:
Clear Recon Corp
4375 Jutland Drive, Suite 200
San Diego, CA 92177-0935
Phone: (866) 931-0036

SPACE ABOVE THIS LINE FOR RECORDER'S USE

TS No.: 105492-NV Loan No.: ***4822

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

SUBSTITUTION OF TRUSTEE

WHEREAS, PAMELA J MCDONALD, A SINGLE WOMAN was the original Trustor and FIDELITY NATIONAL TITLE AGENCY was the original Trustee under that certain Deed of Trust dated 8/30/2021 and recorded on 10/13/2021, as Instrument No. 2021-975444, of Official Records of Douglas County, Nevada; and

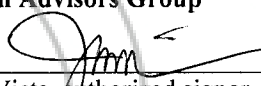
WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

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 CLEAR RECON CORP, whose address is 4375 Jutland Drive, San Diego, California 92117, 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.

American Advisors Group


Jennifer Victa, authorized signor
Aldridge Pite, LLP, as its attorney in fact

Dated: August 23, 2022


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** } ss.
County of **San Diego** }

On **AUG 23 2022** before me, **Lorelle Aoun**, a notary public, personally appeared **JENNIFER VICTA**

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 said State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

