

DOUGLAS COUNTY, NV **2023-993786**
Rec:\$40.00
\$40.00 Pgs=1 **02/09/2023 03:10 PM**
PREMIER AMERICAN TITLE
SHAWNYNE GARREN, RECORDER

RECORDING REQUESTED BY:
National Default Servicing Corporation

WHEN RECORDED MAIL TO:
National Default Servicing Corporation
7720 N. 16th Street, Suite 300
Phoenix, AZ 85020

NDSC File No.: 23-00099-DM-NV
APN No.: 1022-18-002-072
Property Address: 1548 Bolton Loop, Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

SUBSTITUTION OF TRUSTEE

WHEREAS, James Jenkins, an unmarried man was the original Trustor(s), First American Title Company was the original Trustee and Mortgage Electronic Registration Systems, Inc., as beneficiary, as nominee for Kinecta Federal Credit Union, its successors and assigns was the original Beneficiary under that certain Deed of Trust dated 06/11/2019 and recorded on 06/12/2019 as Instrument No. 2019-930283 of the Official Records of Douglas County, State of NV and

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

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

NOW, THEREFORE, the undersigned hereby substitutes NATIONAL DEFAULT SERVICING CORPORATION, An Arizona Corporation, whose address is 7720 N. 16th Street, Suite 300, Phoenix, Arizona 85020, as Trustee under said Deed of Trust. Said Substitute Trustee is qualified to serve as Trustee under the laws of this state.

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

Kinecta Federal Credit Union

Dated: 2/3/23



By: Harry Swanson
Its: Authorized Signer

STATE OF Illinois
COUNTY OF Lake

On February 3, 2023 before me, the undersigned, a Notary Public for said State, personally appeared Harry Swanson who personally known to me (or 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.

WITNESS my hand and official seal.

Signature Eileen M. Olson

Eileen M Olson



EILEEN M OLSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
February 25, 2026