## **RECORDING REQUESTED BY**

AND WHEN RECORDED MAIL TO:

Name

Street Address

City & State Zip

Title Order No.

Escrow No.



SPACE ABOVE THIS LINE FOR RECORDER'S USE Assignment of Deed of Trust

	Assessor Parcel Number:		
FOR VALUE RECEIVED, the undersigned hereby grants, a	ssigns and transfers t	to	
all beneficial interest under that certain Deed of Trust dated			
executed by			
to			, Trustor, , Trustee,
and recorded as Instrument No. on	in book	, page	, of
Official Records in the County Recorder's office of therein as:	County, California, describing land		
TOGETHER with the note or notes therein described or referred to, the and all rights accrued or to accrue under said Deed of Trust.	he money due and to be	ecome due thereo	on with interest,
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.			
Dated			
STATE OF CALIFORNIA COUNTY OF			
Onbefore me,			
(here insert name and title of the officer)			
, notary public, personally appeared			
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	/=	in area for official potential	200 <sup>1)</sup>
	(In	is area for official notarial	SEGI)