

## **Attachment 2**

### **Substitution of Trustee and Deed of Full Reconveyance**

RECORDING REQUESTED BY &  
WHEN RECORDED RETURN TO:  
County of Santa Barbara  
General Services Department  
Real Property Division  
1105 Santa Barbara St. 2<sup>nd</sup> Floor  
Santa Barbara, CA 93101

**COUNTY OF SANTA BARBARA  
OFFICIAL BUSINESS**

No fee pursuant to Gov. Code §§ 6103, 27383

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
APN 039-222-001 and -029 (formerly 039-222-002 and -027)  
RP Folio #004019

**SUBSTITUTION OF TRUSTEE AND DEED OF FULL RECONVEYANCE**

The undersigned, COUNTY OF SANTA BARBARA, a political subdivision of the State of California, as the present and sole Beneficiary of the Deed of Trust with Assignment of Rents dated August 14, 1995, made by **SANCTUARY CENTERS OF SANTA BARBARA, INC.**, a California nonprofit public benefit corporation dba Sanctuary Psychiatric Centers of Santa Barbara and Sanctuary House of Santa Barbara, Inc., as Trustor, to **FIRST AMERICAN TITLE INSURANCE COMPANY**, as original Trustee, for the benefit of **COUNTY OF SANTA BARBARA**, as Beneficiary, which Deed of Trust was recorded on August 16, 1995, as Instrument No. 95-045120 in the Official Records of Santa Barbara County, California ("Deed of Trust") hereby appoints and substitutes the **COUNTY OF SANTA BARBARA** as Trustee in lieu of the original Trustee under the Deed of Trust in accordance with the provisions of the Deed of Trust.

As such duly appointed and substituted Trustee under the Deed of Trust, the COUNTY OF SANTA BARBARA hereby accepts said appointment as Trustee and, as successor Trustee, hereby reconveys to the party or parties legally entitled thereto, without warranty, all the estate, title, and interest acquired by the original Trustee and by the undersigned COUNTY OF SANTA BARBARA as successor Trustee under the Deed of Trust.

IN WITNESS WHEREOF, the undersigned Beneficiary and Successor Trustee has caused this instrument to be executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2022.

**BENEFICIARY AND SUCCESSOR TRUSTEE**

COUNTY OF SANTA BARBARA

\_\_\_\_\_  
JOAN HARTMANN, CHAIR  
BOARD OF SUPERVISORS

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 SANTA BARBARA

On \_\_\_\_\_, 2022 before me, Sheila de la Guerra, a Deputy Clerk, personally appeared SUPERVISOR JOAN HARTMANN, CHAIR OF THE BOARD OF SUPERVISORS, who proved to me on the basis of satisfactory evidence to be the person whose names is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature Sheila de la Guerra

(Seal)