

Attachment G
Substitution of Trustee and
Deed of Full Reconveyance

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

The County of Santa Barbara
Department of Behavioral Wellness
ATTN: Contracts Division
429 N. San Antonio Rd.,
Santa Barbara, CA 93110

APN: 119-184-009

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

The County of Santa Barbara undersigned, present beneficiary, as the owner and holder of the Promissory Note secured by Deed of Trust dated March 26, 2003 made by **Transitions Mental Health Association, a California Non-Profit Public Benefit Corporation**, as Trustor, to **Fidelity National Title Insurance Company of Arizona** as original Trustee, for **The County of Santa Barbara, a political subdivision of the State of California**, as Beneficiary, which Deed of Trust was recorded April 11, 2003 as Instrument no. 2003-0045324 in Book N/A, Page N/A, Official Records of Santa Barbara County, California, hereby appoints and substitutes **The County of Santa Barbara** as Trustee in lieu of the Trustee therein.

As such duly appointed and substituted Trustee, **The County of Santa Barbara** hereby accepts said appointment as Trustee, and as successor Trustee, and pursuant to the request of said owner and holder and in accordance with the provisions of said Deed of Trust, does hereby RECONVEY WITHOUT WARRANTY, TO THE PERSON OR PERSONS LEGALLY ENTITLED THERETO, ALL the estate, title and interest now held by said trustee under said Deed of trust.

Wherever the text of this document so requires, the singular includes the plural.

IN WITNESS WHEREOF, the owner and holder above named, and **The County of Santa Barbara**, as successor Trustee, has caused this instrument to be executed, each in its respective interest.

Date: _____

Date: _____

Beneficiary: **The County of Santa Barbara**

Substituted Trustee: **The County of Santa Barbara**

By: _____

By: _____

Antonette "Toni" Navarro, Director
Department of Behavioral Wellness

Antonette "Toni" Navarro, Director
Department of Behavioral Wellness

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 _____)

On _____ before me, _____ Notary Public,
(insert name and title of the officer)

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 _____ (Seal)