RECORDING REQUESTED BY
Community Development and Housing
560 E. Hospitality Lane Suite 200
San Bernardino, Ca 92415

WHEN RECORDED MAIL TO
Carrie Harmon, Director
San Bernardino County Community
Development & Housing Dept.
560 E. Hospitality Lane, Suite 200
San Bernardino, CA 92415-0043

RE: Agreement No. 25-635

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

The undersigned, **San Bernardino County** as the present Beneficiary of the Note secured by Deed of Trust and Assignment of Rents Securing a Promissory Note dated August 19, 2025 made between Family Assistance Program, a California non-profit corporation, Trustor(s), to **AmeriNat,** a California Corporation, as the Trustee, for **San Bernardino County** Beneficiary, which Deed of Trust and Assignment of Rents Securing a Promissory Note was recorded December 12, 2025 as instrument number 2025-0304957, of Official Records of **San Bernardino County**, California and hereby substitutes **San Bernardino County, Department of Community Development and Housing** as Trustee in lieu of the Trustee herein.

County of San Bernardino, Department of Community Development and Housing, hereby accepts said appointment as Trustee under the above Deed of Trust and Assignment of Rents Securing a Promissory Note, 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 GRANT AND RECONVEY WITHOUT WARRANTY, to the person or persons legally entitled thereto, all the estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF the present Beneficiary above named, and the successor Trustee above named, has caused this instrument to be executed, each in its respective interest.

Dated: February 25, 2026

Luther Snoke, Chief Executive Officer
San Bernardino County
Community Development & Housing Department

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 _____ } **SS.**

On _____ **before**

me, _____,

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.

_____
NOTARY SIGNTURE

_____
NOTARY'S NAME (typed or legibly printed)

Notary Stamp or Seal

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

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 San Bernardino }

On February 25, 2026 before me, Mary Ellen Aguilar, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Luther Snoke,
Name(s) of Signer(s)

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.

MARY ELLEN AGUILAR
Notary Public - California
San Bernardino County
Commission # 2472716
My Comm. Expires Dec 17, 2027

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 _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

San Bernardino County

DELEGATED AUTHORITY – DOCUMENT REVIEW FORM
Executive Signature

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors' action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee. ***For detailed instructions on delegated authority, reference Section 7.2 of the Board Agenda Item Guidelines.***

Department/Agency/Entity: **Community Development and Housing** Due Back to Department By (Date): **02/27/2026**

Contact Name: **Becky Sanabria** Telephone: **909.382.3995**

Who Needs to Sign the Documents (CEO or Chair)? **CEO**

Signature Needed: ☐ Wet ☐ Digital ☒ Notarized

Return Hardcopies to Department Via: ☒ Pick up at 385 N. Arrowhead Ave., 5th Floor ☐ IOM Mail Code: _____

Agreement No.: _____ Amendment No.: _____ Date of Board Item: **8/19/25** Board Item No.: **24**

Name of Contract Entity/Project Name: **Luthern Social Services/San Bernardino Wellness Center**

Include information from the Board Agenda Item that delegates authority, a justification for approval by the specified authority and how it connects to the original recommendation. Also include a brief background on the request, including details as to what program is being served, documents that require signature, and any other pertinent information, such as dollar amounts, date changes and details that summarize the action requested. If additional space is needed, please attach a separate page.

Community Development and Housing (CDH) requests the notarized signature of the Chief Executive Officer on the Substitution of Trustee and Deed of Reconveyance for the Deed of Trust for the TAY Tiny Homes project (Project). On August 19, 2025 (Item No. 24), the Board of Supervisors approved Bridge Loan Agreement No. 25-635 between the Family Assistance Program (FAP) and the County to expedite construction of the Project, which was subsequently amended on January 13, 2026 (Item No. 27). Repayment of the Bridge Loan will occur upon receipt of State Homekey funds awarded to FAP for the Project. The California Department of Housing and Community Development has established an escrow closing date of March 5, 2026 for the Homekey funds. Execution of the Reconveyance of Deed of Trust will allow CDH to deposit the document into escrow for recordation upon receipt of Homekey funding, thereby enabling the Homekey covenant to be recorded in first position, as required under Homekey Standard Agreement No. 24-HK-18612. On August 19, 2025 (Item No. 24), the Board of Supervisors authorized the Chief Executive Officer to execute documents necessary for the release and reconveyance of the Bridge Loan, subject to review by County Counsel.

The following documents are required for this request; check that they are included:

☒ **Documents proposed for signature (for contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).**

☐ **Board Agenda item that delegated the authority.**

Department Routed to County Counsel	County Counsel Name: Suzanne Bryant	Date Sent: 2/19/26
Reviewing County Counsel Use Only	Review Date 2/19/2026 Suzanne Bryant Signature	**Determination:** ☒ Within Scope of Delegated Authority ☐ Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date 2/23/26 L. Russ Signature	**Disposition:** X Route for signature to: ☐ Chair ☒ CEO ___Return to Department for preparation of agenda item ___Direct Department to return executed copies to the Clerk of the Board

***Note:** This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.*