



SEYMOUR ROSEN
1804 NORTH VAN NESS
LOS ANGELES, CA 90028

July 21, 1997
Escrow No.: PR-65182-KLS
Loan No.: NONE STATED
Borrower: Art Beal Foundation
Re: ART BEAL FOUNDATION

REQUEST FOR DEMAND

An escrow has been opened in this office wherein you are listed as the holder of the note and deed of trust covering property legally described as:

Lot 44 in Block 35 of Cambria Pines Unit 4 in the County of San Luis Obispo, State of California, State of California, recorded March 5, 1931 in Book 5, page 19 of Maps.

THIS LOAN IS TO BE PAID IN FULL THROUGH THE ABOVE ESCROW.

Please complete the form below, have signed by all lenders and return to this office, together with the Original Note, Original Deed of Trust, and signed Request for Full Reconveyance. The request for full reconveyance is usually printed on the back of the deed of trust. Please sign exactly as your name is typed on the deed of trust. We are also enclosing a Substitution of Trustee for your signature, should it be needed. We suggest you send these documents certified mail or by other mail delivery that furnishes you with a proof of delivery.

Thank you for assisting us to comply with our escrow instructions.

Sincerely,
CUESTA TITLE COMPANY

Karen L. Satterfield
Certified Escrow Officer
KLS:bh

BENEFICIARY'S DEMAND

CUESTA TITLE COMPANY

PR-65182-KLS

Escrow No.

Date: July 29, 1997

I HAND YOU HEREWITH:

1. ORIGINAL Note for \$ 3,000.00
2. ORIGINAL, recorded Trust Deed securing same covering above described property and recorded March 13, 1997 as Document No. 1997-012578 of Official Records.
3. Request for Reconveyance thereof executed by _____

You are authorized to use all of the above described documents provided you hold for the undersigned the sum of

\$ 3,050.00 with interest on the sum of \$ N/A
at the rate of 0% per cent per annum from _____ 19_____
to date of issuance of your check; and _____

Make disbursement by check mailed to address given below. You will as my agent, waive my interest in any fire or other insurance policies handed you.

STREET ADDRESS: 1804 No. Van Ness Los Angeles, CA 90028

SIGNATURE: [Signature] SIGNATURE: _____

Telephone Number: (213) 463-1629

APPROVED:
[Signature]
8-5-97

PLEASE COMPLETE SIGN AND RETURN

335 SPRING STREET, PASO ROBLES, CALIFORNIA 93446
P.O. BOX 550, PASO ROBLES, CA. 93447
(805) 238-9645 • FAX: (805) 238-4336

PLEASE SIGN AND RETURN IF APPROVED.