

AND WHEN RECORDED MAIL TO:
Town & Country Title Services, Inc.
505 City Parkway West, Suite 200
Orange, California 92868



200502170087
Skagit County Auditor

2/17/2005 Page 1 of 2 11:28AM

CHICAGO TITLE CO.

1CG 34120 ✓

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Loan No.: 0038867057

T.S. #: T05-17325

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS: PETER S. MCINTYRE SR., AS HIS SEPARATE ESTATE

IS/ARE THE GRANTOR(S), AND TRANSNATION TITLE

IS THE TRUSTEE, AND AMERIQUEST MORTGAGE COMPANY

Is the Beneficiary under that certain Trust Deed dated 9/23/2002 and recorded on 10/9/2002, as instrument # 200210090138, book , page of the official records of SKAGIT County, State of Washington and rerecorded on in the official records of SKAGIT County, state of Washington. Property Tax Parcel # 4589-000-009-0008 P107076

The trustee has ceased to act as trustee by reason of resignation, (the statute recognizes only the following reasons: death, incapacity, disability or resignation); the undersigned who is the present Beneficiary under said Trust Deed, desires to appoint a new trustee in the place and stead of the trustee named above;

NOW, THEREFORE, in view of the premises, the undersigned hereby appoints **FIDELITY NATIONAL TITLE INSURANCE OF WASHINGTON**, as successor trustee under said Trust Deed, they do have all the powers of said original trustee, effective forthwith.

IN WITNESS WHEREOF, the undersigned Beneficiary has hereunto set his hand; if the undersigned is a corporation, it has caused its corporate name to be signed and affixed hereto by its duly authorized officers.

DATED: February 11, 2005

Appointment of Successor Trustee

DEUTSCHE BANK NATIONAL TRUST COMPANY, BY
AMERIQUEST MORTGAGE COMPANY, AS ITS
SERVICING AGENT

By: *Dana Rosas*
DANA ROSAS
AUTHORIZED AGENT

By: _____

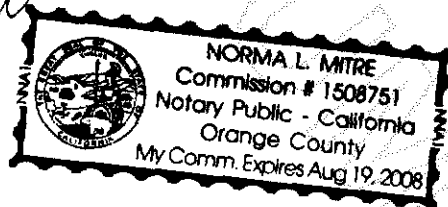
STATE OF CALIFORNIA
COUNTY OF ORANGE

On 2-14-05, before me, the undersigned, a Notary Public for said State, personally appeared DANA ROSAS, personally known to me (or 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 this instrument.

WITNESS my hand and official seal.

(Seal)

Signature *Norma L. Mitre*
NORMA L. MITRE



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