

AFTER RECORDING MAIL TO:
Reconveyance Specialists
13200 NE 20th Street, Suite 2
Bellevue, WA 98005-2034



200507290221
Skagit County Auditor

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APPOINTMENT OF SUCCESSOR TRUSTEE

Escrow No. 04-01391-04WF
Reference Numbers of Related Documents: Deed of Trust No. 9301050086
Grantor(s): MIRTHA M. HUERTA AND RAMON HUERTA, WIFE AND HUSBAND
Beneficiary: STATE OF WASHINGTON, DEPT OF COMMUNITY DEVELOPMENT HOUSING TRUST FUND
Assessor's Property Tax Parcel/Account Number(s): 4560-000-018-0007
Abbrev. Legal: LOT 18, PARRINGTON PLACE DIV. 1, V14/P186

KNOW ALL MEN BY THESE PRESENTS:

MIRTHA M. HUERTA AND RAMON HUERTA, WIFE AND HUSBAND is the Grantor, and FIRST AMERICAN INSURANCE COMPANY, A CALIFORNIA CORPORATION is the Trustee, and STATE OF WASHINGTON, DEPT OF COMMUNITY DEVELOPMENT HOUSING TRUST FUND is the Beneficiary, under that certain Deed of Trust dated JANUARY 4, 1993, and recorded on JANUARY 5, 1993, records of SKAGIT County, Washington, under Auditor's File No. 9301050086.

Dated: JULY 26, 2005

WASHINGTON STATE OFFICE OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT, HOUSING SERVICING DIVISION f/k/a STATE OF WASHINGTON DEPARTMENT OF COMMUNITY DEVELOPMENT HOUSING TRUST FUND, the undersigned, who is the present beneficiary under said Deed of Trust, (if by assignment, merger or other subsequent recording, the applicable classification and reference number recorded is N/A) desires to appoint a new Trustee in the place and stead of the Trustee above:

NOW, THEREFORE, in view of the premises, the undersigned hereby appoints **Reconveyance Specialists** whose address is 13200 NE 20th Street, Suite 2, Bellevue, WA 98005-2034 as successor Trustee under said Deed of Trust, they to 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 hereunto by its duly authorized officers.

Dated: July 26, 2005

Beneficiary: WASHINGTON STATE OFFICE OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT, HOUSING SERVICING DIVISION f/k/a STATE OF WASHINGTON DEPARTMENT OF COMMUNITY DEVELOPMENT HOUSING TRUST FUND

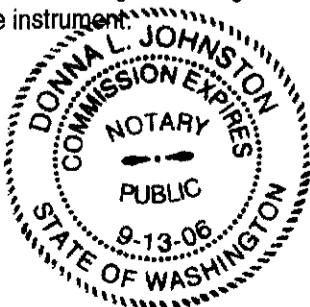
By:
Name & Title: CAROL OLSON
ASSET MANAGER

State of Washington

}ss.

County of Thurston

I certify that I know or have satisfactory evidence that CAROL OLSON is the person who appeared before me, and said person acknowledged that she signed this document as the authorized representative of WASHINGTON STATE OFFICE OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT, HOUSING SERVICING DIVISION f/k/a STATE OF WASHINGTON DEPARTMENT OF COMMUNITY DEVELOPMENT HOUSING TRUST FUND on oath acknowledged said signature as the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dated: July 26, 2005

Donna L Johnston
Notary Public in and for the State of Washington
Residing at Olympia
My appointment expires 9-13-06