

When Recorded Return To:

Washington Mutual  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



200708100077  
Skagit County Auditor

8/10/2007 Page 1 of 1 10:04AM



**APPOINTMENT OF SUCCESSOR TRUSTEE**

WASHINGTON MUTUAL - CLIENT 908 #:0055790232 "JAMIESON" Lender ID:F82/051/1682144726 Skagit, Washington PIF: 07/30/2007

WHEREAS, the undersigned is the present Beneficiary under the Deed of Trust Described as follows:

Original Trustor : ROBERT A JAMIESON, AN UNMARRIED PERSON  
Original Beneficiary : PHOENIX SAVINGS BANK  
Dated: 06/27/2002 Recorded: 07/03/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200207030064 In the County of Skagit State of Washington

Property Address : 34375 S SHORE DR, MOUNT VERNON, WA 98274

AND WHEREAS, the undersigned, who is the present Beneficiary under said Deed of Trust, desires to appoint a successor Trustee under said Deed of Trust in the place and stead of present Trustee thereunder;

Now therefore, the undersigned hereby appoints WASHINGTON RECONVEYANCE COMPANY whose address is C/O WASHINGTON MUTUAL, PO BOX 45179, JACKSONVILLE, FL 32232-5179 as Successor Trustee under said Deed of Trust, to have all the powers of said original Trustee, effective immediately.

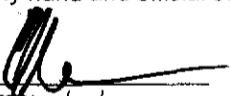
WASHINGTON MUTUAL BANK, FA  
On August 2nd, 2007

By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On August 2nd, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Jocelyn Tate, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

  
Notary Expires: / /



MIRIAM E. HAPNER  
Commission DD365383  
Expires October 24, 2008  
Bonded thru Troy Pain Insurance 800-988-7019

(This area for notarial seal)