



200807230091
Skagit County Auditor

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When recorded return to:

LandAmerica Default Services
Post Office Box 5899
6 Executive Circle
Suite 100
Irvine, CA 92616

LAND TITLE OF SKAGIT COUNTY

129359-T

Space above this line for recorders use only

TS # 039-001857
APN: P104333

Order # 30126912

Loan # 0203232129

Appointment of Successor Trustee

NOTICE IS HEREBY GIVEN that **LAWYERS TITLE INSURANCE CORPORATION**, a corporation formed under RCW 61.24, whose address is Post Office Box 5899 6 Executive Circle Suite 100 Irvine, CA 92616 is hereby appointed Successor Trustee under that certain Deed of Trust dated **12/14/2006**, executed by **JOUNG YUN AND SUNG YUN, HUSBAND AND WIFE** as Grantor, in which **CHICAGO TITLE** was named as Trustee, **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.** as Beneficiary, and recorded on **12/19/2006**, under Auditor's File No. **200612190121** as book and page , Official Records. Said real property is situated in **Skagit** County, Washington and is more particularly described as follows:

LOT 64, "PLAT OF EAGLEMONT PHASE 1A," AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 130 THROUGH 146, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

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: 6-03-08

GreenPoint Mortgage Funding

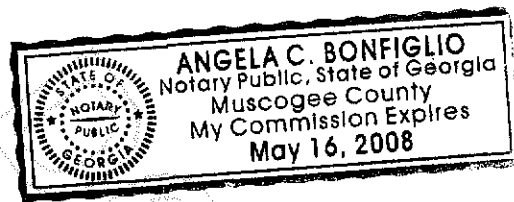
Tina Jones
By: **Tina Jones**
Assistant Vice President

State of GA)
County of MUSCOGEE)

On 04/21/08, personally appeared Tina Jones of GreenPoint Mortgage Funding, the corporation that executed this document. He/She acknowledged that executing this document was his/her free and voluntary act and that he/she is authorized to execute this document.

Witness my hand and official seal hereto affixed this day and year.

AG, Notary Public
Notary Public in and for the State of GA
My Commission expires: _____



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