AFTER RECORDING MAIL TO:

Land Title and Escrow Company P.O. Box 445 Burlington, WA 98233



Skagit County Auditor

\$16.00

12/4/2017 Page

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SUBSTITUTION OF TRUSTEE

Whereas, Chicago Title and Escrow, a Corporation, is the Original Trustee, and the undersigned, James E. Bishop, a married man as to his separate property, is the present beneficiary under that certain Deed of Trust executed by Pattie K. Lewis, unmarried, as her separate property, as Grantors on March 29th, 2017, and said Deed of Trust was recorded in the office of the county recorder of Skagit County on March 31st, 2017 under recording number 201703310199, and covers real property situated in the county of Skagit, State of Washington. Legal Description contained in said Deed of Trust

Whereas the undersigned Beneficiary hereby substitutes a new trustee under said Deed of Trust in the place and stead of said Trustee.

Now therefore, the undersigned Beneficiary hereby substitutes and appoints Land Title and Escrow Company of Skagit County, whose address is 111 East George Hopper Road, Burlington, WA 98233 as Successor Trustee under said Deed of Trust.

(Beneficiary) By: STATE OF Washington COUNTY OF Skagit SS: I certify that I know or have satisfactory evidence that James E. Bishop the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument and acknowledge it to be uses and purposes mentioned in this instrument. Dated: November 2017 Katen Ashley Vary L. Wilson Notary Public is and for the State of	Dated November 27, 2017	
STATE OF Washington COUNTY OF Skagit SS: I certify that I know or have satisfactory evidence that James E. Bishop the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument and acknowledge it to be uses and purposes mentioned in this instrument. Dated: November 20 2017 With A With A With A Washington By: SS: SS: I certify that I know or have satisfactory evidence that James E. Bishop the person(s) acknowledged that free and voluntary act for the his With A With A Washington By: STATE OF Washington So: I certify that I know or have satisfactory evidence that James E. Bishop the person(s) acknowledged that free and voluntary act for the his With A With A Washington SS: STATE OF Washington SW: SO: STATE OF Washington So: OUNTY OF Skagit SS: I certify that I know or have satisfactory evidence that James E. Bishop the person(s) acknowledged that free and voluntary act for the his With A Washington With A Washington SW: With A Washington SW: SW: SW: SW: SW: SW: SW: SW		_ ams 25 mg
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Karen Ashley Kerry L. Wilson	N/U	Kenny L Welson
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