

1 of 1

3:56:59PM

When recorded mail to: FLAGSTAR BANK, FSB FINAL DOCUMENTS, MAIL STOP W-530-3 5151 CORPORATE DRIVE TROY, MI 48098

REFERENCE #: ASSIGNEE: FLAGSTAR BANK, FSB **ISLAND TITLE COMPANY** 

A202081

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ASSIGNOR: EXCEL MORTGAGE CO. INC., A WASHINGTON CORPORATION

## **ASSIGNMENT OF DEED OF TRUST**

LOAN #: 998202335

For Value Received, the undersigned holder of a Deed of Trust (herein "Assignor") whose address is 10245 MAIN STREET #2-3, BELLEVUE, WA 98004

does hereby grant, sell, assign, transfer and convey, unto FLAGSTAR BANK, FSB

existing under the laws of THE UNITED STATES OF AMERICA , a corporation organized and (herein "Assignee"), whose address is 5151 CORPORATE DRIVE, TROY, MI 48098

all beneficial interest under a certain Deed of Trust, dated FEBRUARY 22, 2001, made and executed by FLOYD B. WOODCOCK AND MARY M. WOODCOCK, HUSBAND AND WIFE

to ISLAND TITLE

Trustee,

and given to secure payment of \$150,000.00 which Deed of Trust is of record in Book, Volume, or (Original Amount of Principal), at page N/A (or as No. 2001022&0199) of the Records of SKAGIT County, State of WASHINGTON , together with the note(s) and obligations therein described, the money due and to become due thereon with interest, and all rights accrued or to accrue under such Deed of Trust.

TO HAVE AND TO HOLD, the same unto Assignee, its successor and assigns, forever, subject only to the terms and conditions of the above-described Deed of Trust.

IN WITNESS WHEREOF, the undersigned Assignor has executed this Assignment of Deed of Trust on EXCEL MORTGAGE CO. INC., A WASHINGTON CORPORATION C. HART Attest (Signature) PRESIDENT E State of Washington County of I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the MU MSidelt of VIV MIN to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument. Dated: (Signature (Title) My appointment expires WAGVAS(L0917.1) WAGVAS 901