After Recording Return To: FLAGSTAR BANK, FSB ATTN: FINAL DOCUMENTS, MAIL STOP W-530-3 5151 CORPORATE DRIVE TROY, MI 48098



REFERENCE #:

ASSIGNEE: FLAGSTAR BANK, FSB

FIRST AMERICAN TITLE CO.

ASSIGNOR: ADVANTAGE MORTGAGE GROUP, INC., A WASHINGTON CORPORATION

## ASSIGNMENT OF DEED OF TRUST

LOAN #: 98277283

For Value Received, the undersigned holder of a Deed of Trust (herein "Assignor") whose address is 5705 EVERGREEN WY #100, EVERETT, WA 98203

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

, a corporation organized and (herein "Assignee"),

existing under the laws of THE UNITED STATES OF AMERICA whose address is 5151 CORPORATE DRIVE, TROY, MI 48098

all beneficial interest under a certain Deed of Trust, dated MARCH 23, 2001 executed by GENEVA PIERCE, A SINGLE WOMAN

, made and

to	FIRST	<b>AMERICAN</b>	TITLE
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Trustee,

and given to secure payment of

\$232,000.00 which Deed of Trust is of record in Book, Volume, or

(Original Amount of Principal)

Z00103300013 (or as No.

Liber No. **CONCURRENTLY HEREWITH**, at page

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 ADVANTAGE MORTGAGE GROUP, INC., A

WASHINGTON CORPORATION

By: (Signature) Attest 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 resident idvantage of to be the free and voluntary act of such party for the uses and purposes mentioned Dated: (Title) My appointment expires

WAGVAS (L0716.1)

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