200201150069 Skagit County Auditor 1/15/2002 Page 1 of 2 11:41AM

AFTER RECORDING RETURN TO:

Bishop, Lynch & White, P.S. 720 Olive Way, #1301 Seattle, WA 98101-1801

FIRST AMERICAN TITLE CO.

Lafferty, 034-7322.01

Document Title(s):

Appointment of Successor Trustee

Reference Number(s) of Documents assigned or released:

9905280039

Grantor:

- 1. Network Mortgage Services, Inc., a Washington Corporation
- 2. First American Title Ins. Company

Grantee:

BISHOP, LYNCH & WHITE, P.S.

Abbreviated Legal Description as follows:

Burlington AC PTN TR 49 AKA TR 1 S/P 40-77 DK12

Assessor's Property Tax Parcel/Account Number(s):

3867-000-049-2005

Filed for Record at Request of: BISHOP, LYNCH & WHITE, P.S. 720 Olive Way, Suite 1301 Seattle, WA 98101-1801

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESES PRESENT	rs:		
PATRICK I LAFFERY MARRIED, AS	HIS SEPARI	ATE ESTATE grantor(s) and	
FIRST AMERICAN TITLE INS. CE	DMARANY	is the trustee,	
NETWORK MOINTEAGE SERV., IN certain deed of trust dated MAY 24 1999	IC. A WAS	H. UPP is the beneficiary under that	
certain deed of trust dated MAY 24, 1999	$\frac{1}{2}$, and rec	corded on MAY 25, 1999, under	
Auditor's File No. 9905280039, reco	ords of <u>Sk</u>	P617 County, Washington,	
The trustee has ceased to act as trustee by t			
present beneficiary under said trust deed, des	stres to appoin	nt a new trustee in the place and stead	
of the trustee named above;			
NOW, THEREFORE, in view of the premi	Bisho	op, Lynch & White, P.S.	
NOW, THEREFORE, in view of the premi	ises, the unde	ersigned hereby appoints	
whose address is 720 Olive Way, Suite 130			
under said deed of trust, he to have all the p	owers of said	original trustee, effective forthwith.	
IN WITNESS WHEDEOE the undersigns	ad honoficion	y has harounte set his hand, if the	
IN WITNESS WHEREOF, the undersigned undersigned is a corporation, it has caused it			
by its duly authorized officers.	-		
by its duty authorized officers.	Nation	stanc Mortgage	
DATED: /2-3/ , 2001	BA M	ation NKA ortgage LLC	į. Iš
<u> </u>		TO: TYES	
		10). }
	By:	355 10 110,110,110,110	
•	 ,	(Beneficiary) B. SCOTTA BY	v /
		Vice President Manager	٠,
	\\ !	1 Electron Clinian	•
	Ву: (U IU I ICV II YUNA	
STATE OF KENTUCKY			
		Leslie McGinfy U	
COUNTY OFJEFFERSON) ss.:		Assistant Secretary	
I certify that I know or have sa			
1		re me, and said persons acknowledged	
that (he/she/they) signed this ins	strument a	nd acknowledged it as the	
the free and voluntary act of such party for t	the uses and r	of BA Mortgage LEC to be	
the tree and voluntary act of such party for t	me uses and p	ourposes mentioned in the instrument.	
DATED: /2-3/-0/	(La Va P IN Ollians	-
DATED. 12-31901	Manual Marie	(Signature)	
steen A	A Marie	Printed NameANGELA R. WILLIAMS	
	TARV NOV	My Appt. Expires: 07 (1/2005	الدر الم ^ا الين
FORBASE\RAST.FRM REV 8/8/01	OTARY	my rippi. Expires. Of tiff 201	a de la companión de la compan
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