WHEN RECORDED RETURN TO:

Name: CHICAGO TITLE INSURANCE CO. Address: 1616 COENWALL AVE. SUITE 115	200304290028	
City, State, Zip BELLINGHAM, WASHINGTON 98225	Skagit Cour	
	4/29/2003 Page	1 of 210:33AN
Chicago Title Insurance Com	pany	
1616 Cornwall Avenue, Suite 115, Bellingham, WA	98225	
995147		
APPOINTMENT OF SUCCE		
CHICAGO TITLE CO.	ACCOMMODATIO	n recording
KNOW ALL MEN BY THESE PRESENTS:		
Leiann Lanzer	·	
is the grantor, and hand Title Co of Share	it County is the trust	tee, under
that certain Deed of Trust dated 2/2, 20 01 and rec	corded on $1/3$	<u>20<i>&</i>Z</u> ,
Volume, at page of Mortgage Records of	WHATCOM County, State of	Washington
under Auditors File No. 200201030115	Skagit	
and the second s		
The undersigned, who is the present beneficiary under said De	ed of Trust, desires to appoin	nt a new trus-
tee in the place and stead of the trustee named above;	La company of the contract of	
/	71 1	
NOW, THEREFORE, in view of the premises, the undersigned	d hereby appoints CHICAG	<u>O TITLE</u>
whose address is 1616 CORNWALL AVE, STE 115 BELL	INGHAM WA 98225 as	successor
trustee under said Deed of Trust, to have all the powers of said	d original trustee, effective for	rthwith.
	The Market M The Market M	
IN WITNESS WHEREOF, the undersigned beneficiary has he	reunto set his hand; if the und	lersigned is a
corporation, it has caused its corporation name to be signed an	d affixed hereunto by its duly	authorized
officers.		
	All the second of the second o	7
DATED $\frac{1/23}{63}$, 20	\$47 <i>]</i>	
/ /		
	<u></u>	
	000	

STATE OF WASHINGTON)	
	(ss.	
COUNTY OF Whatcom	.) ~	
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 he was authorized to execute the instrument and ac-		
knowledged it as		
of		
to be the free and voluntary act of such party for the uses and purposes mentioned in the		
instrument.		
DATED:		
		
	Notary Public in and for the State of Washington Residing at:	
and the state of t	् My Appointment expires:	
STATE OF WASHINGTON) (ss.	
COUNTY OF () ()		
Thrank B		
I certify that I know or have satisfactory	evidence that	
(is/are the person(s) who appeared before me, and said person(s) acknowledged that		
	acknowledged it to be his/her/their free and voluntary	
act for the uses and purposes mentioned in the instrument.		
DATED: \alpha		
SONE	LAND X WENN	
NOTARY		
ONOTARY NOTARY N	Notary Public in and for the State of Washington Residing at:	
TA SMBER 2 P		
OF WASHING	My Appointment expires: \\\-\2-05	

4/29/2003 Page

2 of

210:33AM