



200308150068

Skagit County Auditor

8/15/2003 Page

1 of

3 9:50AM

When Recorded, Mail and Return To:

HFS WHOLESALE DOCUMENT VERIFICATION
577 LAMONT RD.
ELMHURST, IL 60126
6869887

<p>Document Title(s)</p> <p>1. ASSIGNMENT OF DEED OF TRUST 2. 3. 4.</p>
<p>Grantor(s) AXIOM FINANCIAL SERVICES 15030 AVENUE OF SCIENCE, STE #100 SAN DIEGO, CA 92128</p> <p>EUGENE M. LANDAHL AND JENNIFER LINN LANDAHL, HUSBAND AND WIFE <input type="checkbox"/></p>
<p>Grantee(s) Mortgage Electronic Registration Systems, Inc., P.O. Box 2026, Flint, MI 48501-2026</p> <p><input type="checkbox"/> Additional names on page _____ of document.</p>
<p>Legal description (abbreviated: i.e. kit, block, plat OR section, township, range, qtr./qtr.)</p> <p>NOT APPLICABLE</p> <p><input type="checkbox"/> Additional legal is on page ___ document</p>
<p>Reference Number(s) (Auditor File Numbers) of Documents assigned or released: BOOK NUMBER: N/A INSTRUMENT NUMBER: N/A PAGE NUMBER: N/A DOCUMENT NUMBER: 200210240096 RECORDED ON: 10/24/2002 AUDITOR'S FILE NUMBER: N/A</p> <p><input type="checkbox"/> Additional numbers on page _____ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number PARCEL NUMBER: NOT APPLICABLE</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page _____ of document</p>
<p>The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information.</p>

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577 Lamont Rd.
P.O. Box 1247
Elmhurst, IL 60126

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ASSIGNMENT OF DEED OF TRUST

FOR VALUE RECEIVED, the undersigned, as Assignor, does hereby grant, convey, assign and transfer to Mortgage Electronic Registration Systems, Inc. P.O. Box 2026, Flint, MI 48501-2026 as Assignee, all of the beneficial interest of the Assignor in and to the property described in that certain Deed of Trust dated October 16, 2002, executed by EUGENE M. LANDAHL AND JENNIFER LINN LANDAHL, HUSBAND AND WIFE

Grantor, to ISLAND TITLE COMPANY

SKAGIT County, State of Washington

~~See Attached Legal Description~~

PREPARED BY:
NAOMI GARNER
577 LAMONT RD.
ELMHURST, IL 60126
630-617-7000

MERS #: 1000460-000

6869887 - 1
PH #: 1-888-679-6377

recorded 10/24/2002, in Volume - of Mortgages, at page - under Auditor's File No. 200210240094, records of SKAGIT County, State of Washington, also that certain promissory note described in and secured by said Deed of Trust. SIGNED this 23 day of October, 2002.

AXIOM FINANCIAL SERVICES
15030 AVENUE OF SCIENCE SUITE #100

By Caroline W. Hett-Mackenzie

Its Assistant Secretary

State of Washington
County of

On this day of , before me personally appeared

to me known to be the of the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.



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ALL-PURPOSE ACKNOWLEDGEMENT

State of California

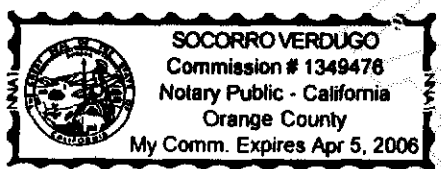
County of Orange

} SS.

On October / 23 / 2003 before me, SOCORRO VERDUGO, NOTARY PUBLIC
(DATE) (NOTARY)

personally appeared CAROLINE MACKENZIE
SIGNER(S)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Socorro Verdugo
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER
- _____ (TITLE(S))
- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____
- _____
- _____

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

OTHER

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

RIGH

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Skagit County Auditor