

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



200606230045  
Skagit County Auditor

6/23/2006 Page 1 of 1 9:58AM



**APPOINTMENT OF SUCCESSOR TRUSTEE**

WASHINGTON MUTUAL - CLIENT 156 #:0669720278 "WINCH" Lender ID:001/013/0669720278 Skagit, Washington PIF:  
06/13/2006

WHEREAS, the undersigned is the present Beneficiary under the Deed of Trust Described as follows:

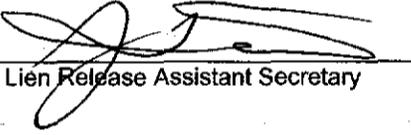
Original Trustor : RON M WINCH AS HIS SEPARATE PROPERTY  
Original Beneficiary : WASHINGTON MUTUAL BANK  
Dated: 12/19/2003 Recorded: 12/30/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:  
200312300052 In the County of Skagit State of Washington

Property Address : 221 N SECTION ST, BURLINGTON, WA 98233

AND WHEREAS, the undersigned, who is the present Beneficiary under said Deed of Trust, desires to appoint a  
successor Trustee under said Deed of Trust in the place and stead of present Trustee thereunder;

Now therefore, the undersigned hereby appoints WASHINGTON RECONVEYANCE COMPANY whose address is  
C/O WASHINGTON MUTUAL, PO BOX 45179, JACKSONVILLE, FL 32232-5179 as Successor Trustee under said  
Deed of Trust, to have all the powers of said original Trustee, effective immediately.

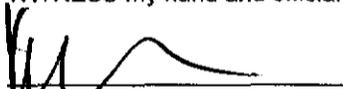
WASHINGTON MUTUAL BANK  
On June 19th, 2006

By:   
J Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On June 19th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally  
appeared J Tate, Lien Release Assistant Secretary, personally known to me to be the person whose name is  
subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized  
capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person  
acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

  
Notary Expires: / /

 **Kim Mathys**  
Commission # DD401905  
Expires March 1, 2009  
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)