

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200607190025
Skagit County Auditor

7/19/2006 Page

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APPOINTMENT OF SUCCESSOR TRUSTEE

WASHINGTON MUTUAL - CLIENT 156 #:0074521667 "KAIREZ" Lender ID:H14/001/0074521667 Skagit, Washington PIF:
07/10/2006

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

Original Trustor : S PHILIP KAIREZ AND CAROLYN KAIREZ, HUSBAND AND WIFE

Original Beneficiary : LONG BEACH MORTGAGE COMPANY

Dated: 05/16/2003 Recorded: 05/28/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200305280004 In the County of Skagit State of Washington

Property Address : 4207 SHELBY COURT, ANACORTES, WA 98221

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, SUCCESSOR IN INTEREST TO LONG BEACH MORTGAGE COMPANY
On July 14th, 2006

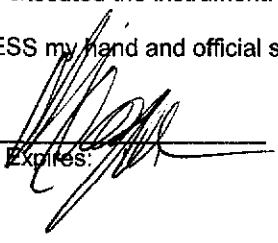
By: 

J Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On July 14th, 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: 



Miriam E. Hapner
Commission # DD365383
Expires October 24, 2008
Banded Tray Pain - Insurance, Inc. 800-365-7019

(This area for notarial seal)