

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200608110020

Skagit County Auditor

8/11/2006 Page 1 of 1 9:46AM



APPOINTMENT OF SUCCESSOR TRUSTEE

WASHINGTON MUTUAL - CLIENT 156 #:0025101452 "KRESS" Lender ID:510/903/1679767601 Skagit, Washington PIF:
06/30/2006

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

Original Trustor : TIM E KRESS, WHO ACQUIRED TITLE AS TIMOTHY E KRESS AND DANEILLE T NIEHOLSON
KRESS, WHO ACQUIRED TITLE AS DANEILLE T KRESS, HUSBAND AND WIFE
Original Beneficiary : WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION
Dated: 11/28/2001 Recorded: 12/05/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200112050098 In the County of Skagit State of Washington

Property Address : 16816 3RD AVENUE, LA CONNER, WA 98257

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 August 4th, 2006

By:

Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On August 4th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally
appeared Jocelyn 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. 800-385-7019

(This area for notarial seal)