

When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200708200017
Skagit County Auditor

8/20/2007 Page 1 of 1 8:53AM



APPOINTMENT OF SUCCESSOR TRUSTEE

WASHINGTON MUTUAL - CLIENT 908 #:0619946031 "ROGGE" Lender ID:248/008/279163657 Skagit, Washington PIF:
08/09/2007

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

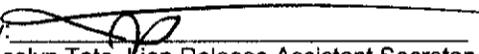
Original Trustor : EDWARD J ROGGE AND JAMI L ROGGE
Original Beneficiary : WASHINGTON MUTUAL BANK, FA
Dated: 08/13/2005 Recorded: 10/06/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200510060098 In the County of Skagit State of Washington

Property Address : 7462 N REITZE AVE, CONCRETE, WA 98237

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 CALIFORNIA RECONVEYANCE COMPANY whose address is C/O WASHINGTON MUTUAL BANK, 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.

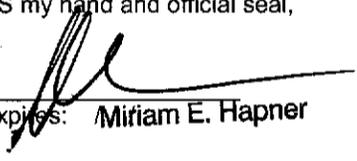
WASHINGTON MUTUAL BANK, FA
On August 14th, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On August 14th, 2007, 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



MIRIAM E. HAPNER
Commission DD365383
Expires October 24, 2008
Bonded Thru Troy Pain Insurance 800-365-7019

(This area for notarial seal)