When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179



12/3/2007 Page

1 of **1 9:53A**M

. ____ . ___ . ___

APPOINTMENT OF SUCCESSOR TRUSTEE

WASHINGTON MUTUAL- CLIENT 156 #0702337684 "DILLS" Lender ID:001/017/0702337684 Skagit, Washington PIF: 11/20/2007 WHEREAS, the undersigned is the present Beneficiary under the Deed of Trust Described as follows:

Original Trustor : KYMBERLI M DILLS

Original Prostor: REMBERED M DIELS Original Beneficiary : WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION Dated: 07/08/2005 Recorded: 08/04/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200508040126 In the County of Skagit State of Washington

Property Address : 1465 E RIO VISTA RD, 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 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 On November 28th, 2007

Bv: Jocelyn Tate, Lief Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On November 28th, 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 Expir Miriam E. Hapner



MIRIAM E. HAPNER Commission DD365383 Expires October 24, 2008 Bonded Thru Tray Pain Insurance 800-386-7019

(This area for notarial seal)

*V_N*V_NWAMT*11/28/2007 09:06:10 AM* WAMU03WAMU0000000000000000392180* WASKAGI* 0702337684 WASTATE_TRUST_SUB *AC*ACWAMT*