



3/30/2009 Page

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211:36AM

After recording, return to: RECONTRUST COMPANY, N.A. P.O BOX 10284 VAN NUYS, CA 91410-0284

CHICAGO TITLE CO. 620001852

TS No. 09-0035865

RE:

## **APPOINTMENT OF SUCCESSOR TRUSTEE**

| CLARENCE PARKER AND KATHRYN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PARKER, HUS                           | SBAND AND WIFE                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| The state of the s |                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                           |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                     | is the grantor, and               |
| CHICAGO TITLE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | is the trustee, and               |
| MORTGAGE ELECTRONIC REGISTRAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TION SYSTEM                           | S, INC.                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | is the Beneficiary                |
| under that certain deed of trust dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12/07/2007                            | , and recorded on 12/14/2007      |
| under Auditor's File No.200712140119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | records of Skagit                 |
| County, Washington.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                   |
| Whereas the undersigned, MORTGAGE is who is the present beneficiary under said present trustee by request, does now desiplace and stead of the trustee named about                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | deed of trust, it<br>ire the appointr | has caused the resignation of the |
| Now therefore, in view of the premises, the COMPANY, N.A., whose address is 1800 CA 93063, as successor trustee under sa trustee, effective forthwith.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tapo Canyon                           | Rd., CA6-914-01-94, SIMI VALLEY,  |

In witness whereof, the undersigned beneficiary, a corporation, has caused its corporate name to be signed and affixed hereunto by its duly authorized officers.

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

Repeticions

|                                                                                                                                                                                     | beneficiary                                                 |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|
| DATED: WAR 2 4 2000                                                                                                                                                                 |                                                             |  |  |
| DATED: MAR 2.4 COM                                                                                                                                                                  | _                                                           |  |  |
|                                                                                                                                                                                     | BY: Lee Tre                                                 |  |  |
| State of: California                                                                                                                                                                | Leticia Quintana Assistant Secretary                        |  |  |
| County of: Ventura                                                                                                                                                                  |                                                             |  |  |
| On MAR 2 5 2000 before                                                                                                                                                              | me ivette Pelayo , notary                                   |  |  |
| On MAR 2.5 2009 before me wette Pelayo , notary public, personally appeared                                                                                                         |                                                             |  |  |
| personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that |                                                             |  |  |
| he/she/they executed the same in his/her/their authorized capacity(ies), and that he/she/they                                                                                       |                                                             |  |  |
| executed the same in his/her/their authorized capacity(ies), and that by his/her/their                                                                                              |                                                             |  |  |
|                                                                                                                                                                                     | person(s), or the entity upon behalf of which the person(s) |  |  |
| acted, executed the instrument.                                                                                                                                                     |                                                             |  |  |
| Witness my hand and official seal.                                                                                                                                                  |                                                             |  |  |
| $\alpha$                                                                                                                                                                            | VETTE PELAVO                                                |  |  |
| $\cap (\emptyset)_{\Lambda}$                                                                                                                                                        | Commission # 1774807                                        |  |  |
|                                                                                                                                                                                     | Wording Fubility California                                 |  |  |

Venturo County My Comm Exples Cot 21, 2011