

11/4/2011 Page

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2 3:28PM

After recording return to:

Notary printed name: Residing at: My commission expires:

m-19351 SUBSTITIUTION OF TRUSTEE
KNOWN ALL MEN BY THESE PRESENTS, that
AR PARA M. DINES N. is the Grantor, and
IND DUTER VIELD is the Grantor, and is the Trustee, and
BEN Zomok is the Beneficiary under that certain Deed of
BEN Zomok is the Beneficiary under that certain Deed of Trust dated Dic. 21、2007 , and recorded on Dec. 26, 2007 ,
ınder Auditor's File No.ಎಂ೧೯೭೭೭೬೦೮೭೬, records of Skagit County, Washington.
The undersigned, who is the present beneficiary under said Deed of Trust, desires to appoint a new Trustee In place and stead of the original trustee named above;
NOW THEREFORE, in view of the premises, the undersigned hereby appoints
O have all the powers of said original trustee, effective mancalactry.
In construing this instrument, and whenever the context so requires, the singular includes the plural.
IN WITNESS WHEREOF, the undersigned beneficiary has executed this document. If the undersigned is a corporation, it has caused it name to be signed and its seal affixed by an officer or other person duly authorized to do so by its board of directors. Dated: 11-4-11
BY: BEN ZOMOK
printed name and title:
printed name and use;
State of }
State of } County of } SS
On, before me, the undersigned, personally appeared
to me known to be the President and Secretary,
espectively, of, the corporation that executed the
oregoing instrument, and acknowledged the said instrument to be the free and voluntary act
and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated hat he/she/they is/are authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.
my to the corporate sear or one corporation.

State of WASH, NGTON } County of SKASIT } SS
I certify that I know or have satisfactory evidence that BEN Zomok is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.
Dated: <u> </u>
Notary Public in and for the State of Residing at Mount VERNON My appointment expires: 9-6-2013 EXP. 9-6-2013 EXP. 9-6-2013 EXP. 9-6-2013 OF WASHIMINING

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