

When Recorded Return To:

WELLS FARGO HOME MORTGAGE  
MAC X9901-L1R  
2701 WELLS FARGO WAY  
MINNEAPOLIS, MN 55467



201111150024  
Skagit County Auditor

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**APPOINTMENT OF SUCCESSOR TRUSTEE**

WFHM - CLIENT 936 #:0630947497 "FLORES" Lender ID:524512/0101414015 Skagit, Washington  
MERS #: 100073338923100121 SIS #: 1-888-679-6377

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


Original Trustor : GUSTAVO FLORES, AN UNMARRIED MAN  
Original Beneficiary : MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.  
Dated: 09/06/2003 Recorded: 11/20/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:  
200311200126 In the County of Skagit State of Washington

Property Address: 1106 SOUTH 27TH STREET, MOUNT VERNON, WA 98274

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 WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION whose address is 2701 WELLS FARGO WAY, MAC# X9901-L1R, MINNEAPOLIS, MN 55467 as Successor Trustee under said Deed of Trust, to have all the powers of said original Trustee, effective immediately.

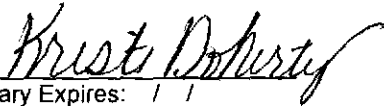
Mortgage Electronic Registration Systems, Inc.  
On November 7th, 2011

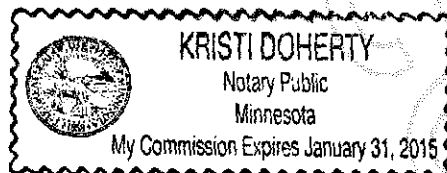
By:   
Gideon Annan, Assistant Secretary

STATE OF Minnesota  
COUNTY OF Hennepin

On November 7th, 2011, before me, a Notary Public in and for Hennepin County in the State of Minnesota, personally appeared Gideon Annan, Assistant Secretary, 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 the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

  
Notary Expires: / /



(This area for notarial seal)