

Skagit County Auditor

When recorded mail to:

CoreLogic

450 E. Boundary St. Attn: Release Dept. Chapin, SC 29036

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This space for Recorder's use

Prepared By: Cecilia Rodriguez 888-603-9011

Recording Requested By: Bank of America

450 E. Boundary St. Chapin, SC 29036

8266820100489639914264

Tax ID:

350323-2-001-01-00

Property Address:

16486 ALLEN WEST ROAD

BOW, WA 982320000

WA0-ADT 17305056

Corrective

ASSIGNMENT OF DEED OF TRUST

For Value Received, SEATTLE MORTGAGE whose address is 190 QUEEN ANNE, NORTH SUITE 100 SEATTLE, WA 98109 does hereby grant, sell, assign, transfer and convey unto BANK OF AMERICA, N.A. whose address is 190 QUEEN ANNE, NORTH SUITE 100 SEATTLE, WA 98109 all beneficial interest under that certain Deed of Trust described below together with the note(s) and obligations therein described and the money due and to become due thereon with interest and all rights accrued or to accrue under said Deed of Trust

Original Lender:

SEATTLE MÖRTGAGE COMPANY

Made By:

DARWIN W. GEERDES AND DONNA L. GEERDES, HUSBAND AND

WIFE

Original Trustee:

NORTHWEST TRUSTEE SERVICES, INC.

Date of Deed of Trust:

12/9/2005

Original Loan Amount:

\$321,000.00

Recorded in Skagit County, WA on: 12/16/2005, book N/A, page N/A and instrument number 200512160115

Property Legal Description:

THE EAST 643.5 FEET OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 3 EAST, W.M.' EXCEPT ROAD RIGHT-OF-WAY, AND EXCEPT THE WEST 330 FEET THEREOF, APN #350323-2-001-0100 & 350323-2-001-0020

IN WITNESS WHEREOF, the undersigned has caused this Assignment of Deed of Trust to be executed on 3/8/12

SEATTLE MORTGAGE

<u>GARCO É</u> Assistant Vice President

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|--|--|--------------------------------|--|---|
| State of California | | | | |
| County of Ventura | | | | |
| On MAR 0 8 2012 | before me. Susan Douglas | Xiomara M. Ol | lva. Notary Public , Nota | ry Public, personally |
| me that he/she/they ex | son(s) whose name(s) is/are ecuted the same in his/her/ trument the person(s), or the | subscribed to their authorized | capacity(ies), and th | and acknowledged to at by his/her/their |
| I certify under PENA | LTY OF PERJURY und | er the laws of t | he State of Californ | ia that the foregoing |
| paragraph is true and | d correct. | | | |
| WITNESS my hand ar | | 7 | | XIOMARA M. OLIVA Comm.# 1913041 |
| Notary Public: My Commission Expir | Xiomara M. Oliva | (S | (eal) | NOTARY PUBLIC CALIFORNIA LOS ANGELES COUNTY MY COMM. EXP. NOV. 12, 2014 |
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