



201207120076

Skagit County Auditor

7/12/2012 Page 1 of 2 2:47PM

When recorded, mail to:

REGIONAL TRUSTEE SERVICES CORPORATION
616 1st Avenue, Suite 500
Seattle, WA 98104

Trustee's Sale No: 01-ALT-002973

ALT0029730010000000

⑥

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS that, JAIME J. RAYFORD, A SINGLE WOMAN, is the Grantor, and FIRST AMERICAN TITLE INSURANCE CO. is the Trustee, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC AS NOMINEE FOR BNC MORTGAGE, INC., A DELAWARE CORPORATION is the Beneficiary under that certain trust deed dated 6/29/2007, recorded 7/11/2007 under Auditor's/Recorder's No. 200707110137, records of SKAGIT County, WASHINGTON.

NOW, THEREFORE, in view of the premises, U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR STRUCTURED ASSET SECURITIES CORPORATION MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-BC4, who is the present beneficiary, hereby appoints REGIONAL TRUSTEE SERVICES CORPORATION, whose address is 616 1st Avenue, Suite 500, Seattle, WA 98104, as Successor Trustee under said trust deed, to have all the powers of said original trustee, effective upon the recording of this document.

WA Sub

IN WITNESS WHEREOF, U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR STRUCTURED ASSET SECURITIES CORPORATION MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-BC4 the undersigned beneficiary has hereunto set his hand; if the undersigned is a corporation, it has caused its corporate name to be signed and affixed hereunto by its duly authorized officers.

DATED: 6/18/12

U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE
FOR STRUCTURED ASSET SECURITIES
CORPORATION MORTGAGE PASS-THROUGH
CERTIFICATES, SERIES 2007-BC4 By Ocwen Loan
Servicing, LLC, Its Attorney in Fact

By [Signature]
Richard Work Contract Management Coordinator
(Name - Title)

STATE OF FLORIDA

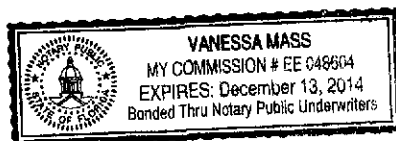
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged and sworn before me Vanessa Mass this 18th day of June, 2012, by Richard Work as a Contract Management Coordinator of Ocwen Loan Servicing, LLC, who is personally known to me or who has produced [Signature] as identification.

[Signature]
Notary Public - State of Florida

My Commission Expires: 12/13/14

My Commission Expires: _____



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