



WHEN RECORDED RETURN TO:
Name: TWIN RIVER NATIONAL BANK
Address: 1507 G Street
City, State, Zip: Lewiston, ID 83501

CHICAGO TITLE #1317

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS:
SINCLAIR K. HUND and ERMA L. HUND
are 1/2 the Grantor,
and
SERVICELINK, A DIVISION OF CHICAGO TITLE INSURANCE COMPANY
is the Trustee,
and
TWIN RIVER NATIONAL BANK
is the Beneficiary
under that certain deed of trust dated March 14, 2012 and recorded on March 20, 2012
in Volume 1 at page 1 of the Mortgage Records of SKAGIT County,
Washington, under Auditor's File Number: 201203200043

The undersigned, who is the present beneficiary under said deed of trust, desires to appoint a new trustee in the place and stead of the trustee named above;

NOW, THEREFORE, the undersigned hereby appoints
CHICAGO TITLE COMPANY
whose address is
Attn: Beth Kinnard
425 Commercial, Mount Vernon, WA 98273

as successor trustee under said deed of trust, to have all the powers of said original trustee, effective forthwith.

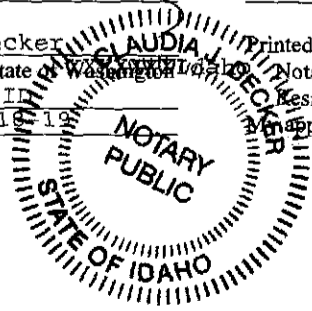
IN WITNESS WHEREOF, the undersigned beneficiary has hereunto set his hand; if the undersigned is a corporation, it has caused its corporation name to be signed and affixed hereunto by its duly authorized officers.

Tax Account Number: 82-0344409 Dated: August 21, 2014
TWIN RIVER NATIONAL BANK
By: Jody Servatius President/CEO

STATE OF ~~WASHINGTON~~ IDAHO
COUNTY OF NEZ PERCE) ss.

On this 21st day of August,
2014 before me, the undersigned, a notary public in
and for the State of Washington, duly commissioned
and sworn, personally appeared
Jody Servatius
known to me to be the individual(s) described in and
who executed the within instrument and acknowledged
that she signed and sealed the same as her free
and voluntary act and deed, for the uses and purposes
herein mentioned.

Claudia Decker
Printed Name: Claudia Decker
Notary Public in and for the State of Washington
Residing at Lewiston, ID
My appointment expires 10-18-19



STATE OF ~~WASHINGTON~~) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that
_____ is the
person who appeared before me, and said person acknowledged that
_____ signed this instrument, on oath stated that _____ was
authorized to execute the instrument and acknowledged it as
_____ of
_____ to be the
free and voluntary act of such party for the uses and purposes
mentioned in the instrument.
Dated: _____

Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires _____