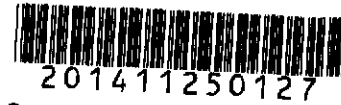


**WHEN RECORDED RETURN TO:**

Northwest Trustee Services  
Attn: Nanci Lambert  
P. O. Box 997  
Bellevue, WA 98009-0997



201411250127  
Skagit County Auditor \$66.00  
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LAND TITLE OF SKAGIT COUNTY

150594-F

**DOCUMENT TITLE(S):**  
Appointment of Successor Trustee

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**  
200804290147

**GRANTORS:**  
Carrington Mortgage Services, LLC

**GRANTEE:**  
Northwest Trustee Services, Inc., a Washington Corporation

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 1, Elk Run Estates.

**TAX PARCEL NUMBER(S):**  
4619-000-001-0000, P105041

I C. Whitlock, Land Title & Escrow, am hereby requesting an emergency nonstandard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed

Dated November 25, 2014

After Recording Return to:  
Nanci Lambert  
Northwest Trustee Services, Inc.  
P.O. Box 997  
Bellevue, WA 98009-0997

### Appointment of Successor Trustee

File No. 8118.20578

James G Shepard and Pamela A Shepard husband and wife is/are the grantor(s), Land Title Company of Skagit County is the trustee and Mortgage Electronic Registration Systems, Inc. solely as nominee for Freedom Mortgage Corporation is the beneficiary under that certain deed of trust dated 04/23/08 and recorded on 04/29/08 under Skagit County, Washington Auditor's File No. 200804290147.

The present beneficiary under said deed of trust appoints Northwest Trustee Services, Inc., a Washington corporation, whose address is P.O. Box 997, Bellevue, WA 98009-0997, as successor trustee under the deed of trust with all powers of the original trustee.

Carrington Mortgage Services, LLC

By  11/18/2014  
Elizabeth A. Ostermann, Vice President, Default, SCRA  
for Carrington Mortgage Services, LLC, Attorney in Fact

STATE OF CALIFORNIA )  
COUNTY OF ORANGE ) ss

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ of Carrington Mortgage Services, LLC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

*See attached*

Notary Public in and for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_

NORTHWEST TRUSTEE SERVICES, INC.  
P.O. BOX 997  
BELLEVUE, WA 98009-0997  
425-586-1900 FAX 425-586-1997

Borrower: Shepard, James and Pamela



201411250127

# CALIFORNIA ALL - PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

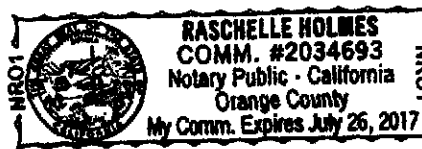
County of Orange

On 11/18/2014, before me, Raschelle Holmes, Notary Public, personally appeared, Elizabeth A. Ostermann, who 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(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Raschelle Holmes (Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

SOT  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

Shepard  
(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they - is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title.
- Securely



201411250127

Skagit County Auditor

\$86.00

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