

AFTER RECORDING MAIL TO:

North Cascade Trustee Services Inc
801 Second Avenue, Suite 600
Seattle, WA 98104



201509040066

Skagit County Auditor

\$66.00

9/4/2015 Page

1 of

3 12:30PM

Document Title:
Appointment of Successor Trustee

8559028
1ST AM


Reference number of document assigned or released:
200907010065

Grantor:
Carrington Mortgage Services, LLC

Grantee:
North Cascade Trustee Services Inc

Borrower(s):
Jason Barker
Naomi Barker

I am requesting an emergency nonstandard recording for an additional fee as 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 and this request will also included the additional fee of \$50

 for First American Title
(Signature required)

When recorded return to:
North Cascade Trustee Services Inc.
801 Second Avenue, Suite 600
Seattle, WA 98104

TS # 60267-02908-NJ-WA

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS THAT RELATIVE TO THAT CERTAIN DEED OF TRUST DESCRIBED AS FOLLOWS:

Dated: June 18, 2009
Recorded: July 1, 2009
Instrument No.: 200907010065
County: Skagit, Washington
Trustor: JASON BARKER and NAOMI BARKER
Original Trustee: WASATCH TITLE
Original Beneficiary: Mortgage Electronic Registration Systems, Inc. ("MERS"), solely as Nominee for Lender and Lender's successors and assigns; Lender is Taylor, Bean & Whitaker Mortgage Corp.

THE UNDERSIGNED, Carrington Mortgage Services, LLC, who is the present Beneficiary under the Trust Deed, hereby appoints **North Cascade Trustee Services Inc.**, whose address is 801 Second Avenue, Suite 600, Seattle, WA 98104, as Successor Trustee under said trust deed, to have all the power of the Original Trustee, effective as of the date of execution of this document.

IN WITNESS THEREOF, the undersigned Beneficiary has executed this document. If the undersigned is a corporation, it has caused its corporate name to be signed and affixed hereto by its duly appointed officers.

DATED: 8-4-2015

Carrington Mortgage Services, LLC

By: 

Chris Lechtanski AVP of Default
(Name) (Title)

STATE OF _____)
COUNTY OF _____) ss.

On _____, before me, _____ personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted executed the instrument.

WITNESS my hand and official seal.

NOTARY PUBLIC in and for the State of _____, residing at _____
My commission expires: _____

SEE ATTACHED

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA ALL - PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Orange

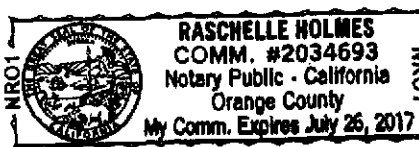
On 8/04/2015, before me, Raschelle Holmes, Notary Public, personally appeared, Chris Lechtanski, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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 _____

(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 (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document