

RECORDING REQUESTED BY

APN:

WHEN RECORDED MAIL TO
Skagit Bank FKA Skagit State Bank
301 E Fairhaven Ave
PO Box 285
Burlington, WA 98233



201710030081

Skagit County Auditor

\$17.00

10/3/2017 Page

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2 3:59PM

CHICAGO TITLE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

#2017-57

SUBSTITUTION OF TRUSTEE

WHEREAS, **Brad M Whaley and Amy K Whaley** were the original Trustees, **Guardian Northwest Title and Escrow** was the original Trustee, and **Skagit Bank FKA Skagit State Bank** was the original Beneficiary under that certain Deed of Trust dated **January 11, 2011** and recorded on **January 14, 2011**, Series Number **/AFN 201101140078** of Official Records of **Skagit County, State of Washington**

WHEREAS, the undersigned Beneficiary is the present Beneficiary under said Deed of Trust, and
WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and
stead of said original Trustee thereunder,

NOW, THEREFORE, the undersigned hereby substitutes **Chicago Title Insurance** as Trustee under said
Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and
the singular number includes the plural.

BENEFICIARY

Skagit Bank

Dated September 27, 2017

Signature

Signature

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.

State of WASHINGTON
County of SKAGIT

On September 27, 2017 before me, Lyn Lafontaine a Notary Public, personally appeared Serena Holloway and Deb Hoheisel, 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: _____

Name: LYN J. LAFONTAINE
(Typed or Printed)

