AFTER RECORDING MAIL TO:

GUARDIAN NW TITHE

PD BOX 1667

Hount Vernon, Wt 98273



1 of

Skagit County Auditor 11/6/2017 Page

\$16.00

1 3:34PM

Filed for Record at Request of Guardian Northwest Title Escrow No. A113033

## SUBSTITUTION OF TRUSTEE

Whereas, Bay Town Escrew, Inc., a Corporation, is the Original Trustee, and the undersigned, Thomas H. Nielsen and Jo Anne Nielsen, is the present beneficiary under that certain Deed of Trust executed by Cottage Werks, LLC, as Grantors on August 1, 2015, said Deed of Trust was recorded in the office of the county recorder of Skagit County on August 12, 2015 under recording number 201508120051, and covers real property situated in the county of Skagit, State of Washington, Legal Description contained in said Deed of Trust.

Whereas the undersigned Beneficiary hereby substitute a new trustee under said Deed of Trust in the place and stead of said Trustee: Bay Town Escrew, Inc.

Now therefore, the undersigned Beneficiary hereby substitutes and appoints Guardian Northwest Title, Inc. whose address is 1301 B Riverside Drive, Mount Vernon, WA 98273 as Successor Trustee under said Deed of Trust.

address	is 1301 B Riverside Di	ive, Mount Vernon, W	A 98273 as Succes	sor Trustee under said I	Deed of Trust.
Dated _	October 9, 2017				
		- VNV//			
			pomas H. Nielsen a	nd Jo Anne Nielsen	
			Beneficiary)		. 4
		В	y: Thomas	es A. The	lsen
		В	Thomas H. No	eilsen L'Hillsen	
		ņ	Jo Anne Niel	sen	
		В	y:		
State of	Washington	}			
County	of SINDHOWNO		SS:		
On this	day paragrally appears	d and exvern hefere me	Thomas # N	eilsen 3 To Anne Nielse	Nicken
I certify	that I know or have sa	tisfactory evidence that	t Thomas H. Neils	sen and Jo Anne Nielse	' n, are the person(s
who app	eared before me, and s	aid person(s) acknowle	edged that he/she/th	ey signed this instrume	nt and acknowledg
it to be h	nis/her/their free and vo	oluntary act for the uses	and purposes ment	ioned in this instrument	<b>.</b>
Date:	10/16/17		11		
-			Hullulai C	#####	`
	ASSETTION RE	A STATE OF THE STA			7-1-1-1-1-1
	SEL TION E	Resi	ding at <i>Lynn o</i>	for the State of M	asnington
	ALI STAN	My My	appointment expires	12/18/2019	
	m 950.	c		( V C C C C C C C C C C C C C C C C C C	
	And in bas	O DE			
	V/ 02 2-11	1.30 M			
	TE OF	WAS		· · · · · · · · · · · · · · · · · · ·	