

When Recorded Return To:

AUTOMATIC FUNDS TRANSFER SERVICES, INC.  
151 S LANDER ST., STE C  
SEATTLE, WA 98134

Reference: 113297

**SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE**

GRANTOR: DARRELL D SCHMIDT, AN UNMARRIED PERSON  
TRUSTEE: GUARDIAN NORTHWEST TITLE  
BENEFICIARY: LANDS WEST INC  
DATED: APRIL 17, 2018  
AUDITOR'S FILE #: 201804230233  
COUNTY OF: SKAGIT , and 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 there under.  
NOW, THEREFORE, the undersigned hereby substitutes **Automatic Funds Transfer Services Inc.**

NOW, THEREFORE, **Automatic Funds Transfer Services Inc.**, as undersigned Trustee, having  
received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the  
obligations secured by the Deed of Trust has been fully satisfied, does hereby reconvey, without warranty,  
to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the  
property described in said Deed of Trust, describing the land therein as more fully described in said Deed  
of Trust.

Dated:

Beneficiary:

*Emil Schmitt*  
LANDS WEST INC

Trustee:

Automatic Funds Transfer Services, Inc.  
*Marcie Tarbet*  
Marcie Tarbet, AFTS Reconveyance  
Manager

STATE OF WASHINGTON  
COUNTY OF \_\_\_\_\_ } SS

ON \_\_\_\_\_, \_\_\_\_\_ before me, \_\_\_\_\_ a Notary Public,  
personally appeared \_\_\_\_\_ 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/their/her authorized capacity (ies), and that by his/her/their signatures(s) on the instrument  
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

See Attached Certificate  
Notary Public in and for the State of  
residing at \_\_\_\_\_

My appointment expires \_\_\_\_\_

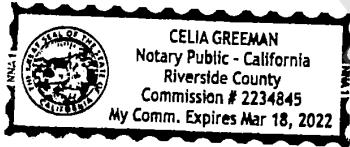
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

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 California }  
County of Riverside }  
On 12/28/2018 before me, Celia Greeman, Notary Public  
*Date Here Insert Name and Title of the Officer*  
personally appeared Edsel Forshee  
*Name(s) of Signer(s)*

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.

Place Notary Seal and/or Stamp Above

Signature Celia Greeman  
*Signature of Notary Public*

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Substitution of Trustee and full reconveyance

Document Date: 12/28/18 Number of Pages: 2

Signer(s) Other Than Named Above: no other signer

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Edsel Forshee Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_  Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General  Partner –  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian of Conservator  Trustee  Guardian of Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_

STATE OF WASHINGTON  
County of KING

On this 2nd day of January, 2019 before me, the undersigned, a Notary Public in and for the State of WASHINGTON, duly commissioned and sworn, personally appeared MARCIE TARBET to me known to be the AFTS Reconveyance Manager, of corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument.

Witness my hand and official seal hereto affixed the day and year first above written.



Shirley Colson  
Residing at Enumclaw  
My appointment expires 06-09-2020