



202001310074

01/31/2020 11:08 AM Pages: 1 of 4 Fees: \$174.50
Skagit County Auditor

Document Title: Substitution of Trustee and Full Reconveyance

Reference Number: 201410080105

Grantor(s):

1. Soul Survivor LLC

additional grantor names on page ___

2.

Judith WELLS

Automatic Funds Transfer Services

additional grantee names on page ___

Grantee(s):

1. Ellis, Judith W.

Automatic Funds Transfer Services

2.

Soul Survivor LLC

Abbreviated legal description:

full legal on page(s) ___

Section 28, Township 35 North,
Range 9 East; Ptn. SE 1/4 of NE 1/4

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P44868, 350928-1-006-0000

I, Hank Diep, am hereby requesting an emergency non-standard 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 \$99.00 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

1/15/20

When Recorded Return To:

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

Reference: 110788

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

GRANTOR: SOUL SURVIVOR LLC
TRUSTEE: GUARDIAN NORTHWEST TITLE
BENEFICIARY: JUDITH W ELLIS
DATED: OCTOBER 2, 2014
AUDITOR'S FILE #: 201410080105
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:

Judith W. Ellis
JUDITH W ELLIS
Judith Lynn Ellis
5-16-19

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.

Notary Public in and for the State of
residing at

My appointment expires _____

ALL-PURPOSE ACKNOWLEDGMENT

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 Neenah } SS.

On 5/16/2019, before me, Ashly McDougall, Notary Public,
DATE personally appeared Judith Lynn Ellis, 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.

Ashly McDougall
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER _____ TITLE(S)
- PARTNER(S)
- ATTORNEY-IN-FACT
- GUARDIAN/CONSERVATOR
- SUBSCRIBING WITNESS
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

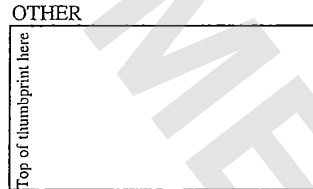
Substitution Trustee
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

5/16/2019
DATE OF DOCUMENT

SIGNER (PRINCIPAL) IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

RIGHT
THUMBPRINT
OF
SIGNER




STATE OF WASHINGTON
County of KING

On this 28th day of May, 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