Recording requested by: U.S. Bank Home Mortgage

When recorded mail to:

U.S. Bank Home Mortgage Attn: Tamarack Servicing Center

2800 Tamarack Rd. Owensboro, KY 42301

APN No.: P58385

Space above this line for recorders use only

File No.: WA-22-946258-TM

Property Address:

2918 W. 2<sup>ND</sup> ST., ANACORTES, WA 98221

Grantor: Grantee: U.S. BANK NATIONAL ASSOCIATION
DALE HONSINGER, SUCCESSOR TRUSTEE OF THE FRANCES H. POLLOCK

FAMILY TRUST; ISLAND TITLE COMPANY; LYNN SQUIER

## REQUEST FOR NOTICE

In accordance with RCW 61.24.045, request is hereby made that a copy of any notice of sale described in RCW 61.24.040(2) under that certain Deed of Trust dated 7/26/2006, recorded on 7/27/2006, under Auditor's File Number 200607270184, records of Skagit County, WA, from Lynn Squier, as Grantor, to Island Title Company, as Trustee, to secure an obligation in favor of Dale Honsinger, Successor Trustee of the Frances H. Pollock Family Trust as Beneficiary, and affecting the following described real property:

LOTS 7 THROUGH 10, BLOCK 403, NORTHERN PACIFIC ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 9 THROUGH 11, RECORDS OF SKAGIT COUNTY, WASHINGTON

be sent by both first-class and either registered or certified mail, return receipt requested, to:

U.S. Bank Home Mortgage Attn: Tamarack Servicing Center 2800 Tamarack Rd. Owensboro, KY 42301

[SIGNATURE PAGE TO FOLLOW]

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## U.S. BANK NATIONAL ASSOCIATION

Dated 10-19-2022

By: Kimberly D. Jackson Title: Vice President

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: Kentucky	
County of:)	
On before me, FYIYO personally appeared Kimberly D. Jackson, Vice satisfactory evidence to be the person(s) which instrument and acknowledged to me that he authorized capacity(ies), and that by his/her/the or the entity upon behalf of which the person(s)	nose name(s) is/are subscribed to the within e/she/they executed the same in his/her/thei eir signature(s) on the instrument the person(s)
I certify under <i>PENALTY OF PERJURY</i> under the foregoing paragraph is true and correct.	the laws of the State of <u>Kentucky</u> tha
WITNESS my hand and official seal. (Se	al)
Signature	ERIN JEANINE MATLOCK Notary Public Commonwealth of Kentucky Commission Number KYNP44786 My Commission Expires Mar 20, 2026