

## RECORDING REQUESTED BY:

ServiceLink, A Black Knight Financial Services Company

## AND WHEN RECORDED MAIL TO:

Clear Recon Corp  
601 West 1st Avenue, Suite 1400  
Spokane, WA 99201  
Phone: (866) 931-0036

SPACE ABOVE THIS LINE FOR RECORDER'S USE

TS No.: 107949-WA Loan No.: \*\*\*\*\*3263

APN: P62521; P130639; P130640

Property Address: 302 S GARDNER RD, BURLINGTON, WA 98233

**SUBSTITUTION OF TRUSTEE**

WHEREAS, JERRY PETERS, A MARRIED MAN JOINED BY NON BORROWING SPOUSE CINDY PETERS was the original Trustor and CHICAGO TITLE INSURANCE COMPANY, A NEBRASKA CORPORATION was the original Trustee under that certain Deed of Trust dated 2/16/2018 and recorded on 2/28/2018, as Instrument No. 201802280133, of Official Records of Skagit County, Washington, and

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

WHEREAS, the undersigned substitutes a new Trustee under said Deed of Trust in place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes CLEAR RECON CORP, whose address is 601 West 1st Avenue, Suite 1400, Spokane, WA 99201, 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.

Dated: 10-28-22

Lakeview Loan Servicing, LLC BY LOANCARE, LLC AS  
ATTORNEY IN FACT UNDER A LIMITED POWER OF  
ATTORNEY

By: Linda Brown  
Title: **LINDA BROWN**  
**ASSISTANT SECRETARY**

**VIRGINIA**

State of \_\_\_\_\_ } ss.  
County/City of **VIRGINIA BEACH**

On Oct. 28, 2022 before me, KRYSTLE ANN TROTTER, a notary public,  
personally appeared LINDA BROWN of LoanCare,  
LLC as attorney in fact under a limited power of attorney for Lakeview Loan Servicing, LLC 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 said State that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Krystle A Trotter (Seal)

**KRYSTLE ANN TROTTER**  
Notary Public  
Commonwealth of Virginia  
Registration No. 7946577  
My Commission Expires March 31, 2025

CRC SOT 09122014