202510150001

10/15/2025 08:33 AM Pages: 1 of 3 Fees: \$606.50

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Miguel Avalos 1417 Woodland Drive Mount Vernon, WA 98274

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

WHEREAS, Miguel Avalos the original Trustor, under that certain Deed of Trust dated 08/01/2024 and recorded 08/07/2024, as Instrument File No. 202408070013, in Book N/A, Page N/A, of the Official Records of Skagit County, Washington, the undersigned as the present Beneficiary under said Deed of Trust desires to substitute a new Trustee under said Deed of Trust in place and stead of original trustee, now therefore, the undersigned hereby substitutes Lacey O'Malley Bonding & Insurance, Inc. 411 Jefferson St., Suite 101, Seattle, WA 98104 as Trustee under said Deed of Trust and does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by Trustee under said Deed of Trust. The property described in said Deed of Trust, is as follows:Lot 41, Forest Estates, recorded in volume 8 of plats, page 53 & 54_____

Dated: $\frac{9/3}{2}$

Lacey O'Malley Bonding & Insurance, Inc.,

411 Jefferson St., Suite 101, Seattle, WA 98104, Successor Trustee

Gayle Behrend, Governor

Alleghery Casualty Company Deneficiary

Robert Kersnick, Executive Vice President

CALIFORNIA 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 Ventura before me, _Notary Public, Date (here insert name and title of the officer) 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/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. **OPTIONAL** Description of Attached Document Title or Type of Document: ______ Number of Pages: Document Date: __ _____ Other: ____ 2015 Apostulie Service, 707-992-5551 www.CaliforniaApostille.us California Mobile Notary Network www.CAMNN.com

STATE OF WASHINGTON)	
county of <u>Kine</u>) ss.	
I certify that I know or have satisfactory evidence that Gayle Behrend	
is the person who appeared before me, and said person acknowledged that he/she is the	
the free and voluntary act and deed of said company for the uses and purposes therein mentioned.	•
DATED: 9/18 2025	
Christines Behand	
State of Washington CHRISTOPHER J BEHREND LICENSE # 21022870 CHRISTOPHER J BEHREND LICENSE # 21022870 CHRISTOPHER J BEHREND LICENSE # 21022870 CHRISTOPHER J BEHREND NOTARY PUBLIC in and for the State of Washington, residing at SEATLIE, WA	∍] –
MY COMMISSION EXPIRES My commission expires: 66-07-2029	_