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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

AUG 7 12 40 PM '98

Garry  
AUDITOR  
GARY M. OLSONName ENGHOLM ESCROW SERVICES  
Address P.O. Box 1096  
City, State, Zip Twisp, WA 98856

## Resignation and Appointment of Successor Trustee

Reference # (if applicable): \_\_\_\_\_  
Grantor(s): (1) Divina, Fernando (2) \_\_\_\_\_  
Grantee(s): (1) Jones, Patricia A. (2) \_\_\_\_\_  
Additional Grantor(s) on pg. \_\_\_\_\_ Additional Grantee(s) on pg. \_\_\_\_\_  
Legal Description (abbreviated): Lot 7 El Descanso Al Rio Tracts  
Assessor's Tax Parcel ID# 04071530050200 Additional legal(s) on page \_\_\_\_\_

## KNOWN ALL MEN BY THESE PRESENTS:

Fernando M Divina and Marlene A. Divina  
the grantor, and First American Title Co is  
trustee, and Patricia A. Jones is the  
beneficiary under that certain trust deed dated June 10, 19 93, and recorded on  
June 10, 19 93, in Vol. \_\_\_\_\_ at page \_\_\_\_\_ of the Mortgage  
Records of Skamania County, Washington, under Auditor's File No. 116432  
trustee under trust deed described above. \_\_\_\_\_ hereby resigns as  
DATED: 2/19, 19 98

By \_\_\_\_\_

By \_\_\_\_\_

(NAME - TITLE)

(NAME - TITLE)

The trustee has ceased to act as trustee by reason of resignation(The statute recognizes only the following reasons: "death, incapacity, disability or resignation")  
the undersigned, who is the present beneficiary under said trust deed, desires to appoint a new trustee in the place and stead of the  
trustee named above:NOW, THEREFORE, in view of the premises, the undersigned hereby appoints Engholm Escrow Services  
whose address is P.O. Box 1096 Twisp WA 98856  
Washington, as successor trustee under said trust deed, to have all the powers of said original trustee, effective forthwith.IN WITNESS WHEREOF, the undersigned beneficiary has hereunto set his hand; if the undersigned is a corporation, it has  
caused its corporate name to be signed and affixed hereunto by its duly authorized officers.Dated 2/19, 19 98

PATRICIA A. JONES

(SEAL)

By Patricia A. Jones (SEAL)  
(Name - Title)By \_\_\_\_\_ (SEAL)  
(Name - Title)

## STATE OF WASHINGTON

## COUNTY OF \_\_\_\_\_

On this 19 day of February, 19 98, I personally appeared before me  
Patricia A. Jones  
the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they)  
signed this instrument, on oath stated that (he/she/they) was (were)  
authorized to execute the instrument and acknowledged it as the  
free and voluntary act and deed, for the  
uses and purposes mentioned.Notary Public in and for the State of Washington,  
My appointment expires: 3/27/99

## STATE OF WASHINGTON

## COUNTY OF \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
is the person(s) who  
appeared before me, and said person(s) acknowledged that (he/she/they)  
signed this instrument, on oath stated that (he/she/they) was (were)  
authorized to execute the instrument and acknowledged it as the  
free and voluntary act of such party for the uses and purposes  
mentioned in the instrument.

(SEAL OR STAMP)

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

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



Transnation

Form 3276-3 (Rev. 12-96)

TRANSNATION TITLE INSURANCE COMPANY