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BOOK 203 PAGE 459

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Housekey Financial*

Oct 13 2 50 PM '00
Lowry
AUDITOR
GARY M. OLSON

RONALD J HEARD
1022 WIND RIVER HWY
CARSON, WA 98610 1079
Account No.: 92920008105445

SPACE ABOVE FOR RECORDER'S USE ONLY

Recon No.: H-270604 **SUBSTITUTION OF TRUSTEE**

WHEREAS, RONALD J HEARD, MABLE A HEARD, was the original Trustor, SKAMANIA COUNTY TITLE was the original Trustee, and HOUSEHOLD FINANCE CORPORATION III was the original Beneficiary under that certain Deed of Trust dated April 15, 1998 and recorded on April 16, 1998, as Instrument No. 131214, in Book 175, Page 700, of Official Records of SKAMANIA County, Washington, and

WHEREAS, the undersigned 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 thereunder,

NOW, THEREFORE, the undersigned hereby substitutes HOUSEHOLD BANK f.s.b., a Corporation, whose address is 931 Corporate Center Dr., Pomona, California 91768, 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.

HOUSEHOLD FINANCE CORPORATION III
By *L C LA SANCE*
L C LA SANCE
ASSISTANT SECRETARY

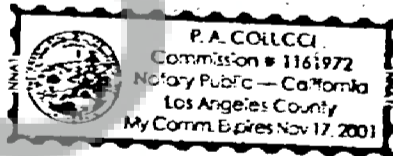
Dated September 25, 2000
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

) SS.

On September 25, 2000, before me, P.A. COLUCCI, a Notary Public in and for said State, personally appeared L C LA SANCE personally known to me or 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.

WITNESS my hand and official seal.

Signature *L C La Sance*



By: _____
Dated: _____
Notary
Time: _____
Place: _____

(This area for official notarial seal)