

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179

Doc # 2007168582  
Page 1 of 1  
Date: 12/24/2007 12:02P  
Filed by: WASHINGTON MUTUAL HOME LOANS  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$12.00

**APPOINTMENT OF SUCCESSOR TRUSTEE**

WASHINGTON MUTUAL - CLIENT 156 #:0700670250 "RASMUSSEN" Lender ID:C04/001/119299569 Skamania, Washington  
PIF: 12/12/2007

WHEREAS, the undersigned is the present Beneficiary under the Deed of Trust Described as follows:

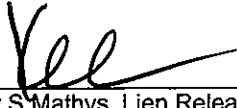
Original Trustor : JEFFREY R RASMUSSEN AN UNMARRIED INDIVIDUAL  
Original Beneficiary : WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION  
Dated: 07/21/2005 Recorded: 07/25/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005158105  
In the County of Skamania State of Washington

Property Address : 662 SMITH BECKON ROAD, CARSON, WA 98610

AND WHEREAS, the undersigned, who is the present Beneficiary under said Deed of Trust, desires to appoint a successor Trustee under said Deed of Trust in the place and stead of present Trustee thereunder;

Now therefore, the undersigned hereby appoints CALIFORNIA RECONVEYANCE COMPANY whose address is C/O WASHINGTON MUTUAL BANK, PO BOX 45179, JACKSONVILLE, FL 32232-5179 as Successor Trustee under said Deed of Trust, to have all the powers of said original Trustee, effective immediately.

WASHINGTON MUTUAL BANK  
On December 14th, 2007

By:   
Kimberly S Mathys, Lien Release Assistant  
Secretary

STATE OF Florida  
COUNTY OF Duval

On December 14th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Kimberly S Mathys, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

  
Notary Expires: **Miriam E. Hapner**



MIRIAM E. HAPNER  
Commission DD365383  
Expires October 24, 2008  
Bonded thru Troy Pain Insurance 800-365-7019

(This area for notarial seal)