AFN #2008169549 Recorded 04/11/08 at 10:14 AM DocType: ASGN Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County,

When recorded, mail to:

REGIONAL TRUSTEE SERVICES CORPORATION 616 1st Avenue, Suite 500 Seattle, WA 98104

Trustee's Sale No: 01-OC-55393

120362 APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS that, DAVID T MORALES AND TARLINE DAVIS is the Grantor, and SKAMANIA COUNTY TITLE COMPANY is the Trustee, and METWEST MORTGAGE SERVICES, INC. is the Beneficiary under that certain trust deed dated 9/15/1999, and recorded in Volume 193 of Deeds of Trust, at page 412, under Auditor's/Recorder's No. 136337, records of SKAMANIA County, WASHINGTON.

NOW, THEREFORE, in view of the premises, THE BANK OF NEW YORK, AS TRUSTEE, PURSUANT TO THE TERMS OF THAT CERTAIN POOLING AND SERVICING AGREEMENT DATED AS OF MARCH 1, 2000, RELATED TO METROPOLITAN MORTGAGE FUNDING, INC., MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2000-A, who is the present beneficiary, hereby appoints REGIONAL TRUSTEE SERVICES CORPORATION, whose address is 616 1st Avenue, Suite 500, Seattle, WA 98104, as Successor Trustee under said trust deed, to have all the powers of said original trustee, effective as of the date of execution of this document.

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.

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DATED: 4/8/08

By OCWEN LOAN SERVICING, LLC

as servicer for THE BANK OF NEW YORK, AS TRUSTEE, PURSUANT THE TERMS OF THAT CERTAIN POOLUNG AND SERVICING AGREEMENT DATED MARCH 1, 2000, RELATED TO METROPOLITAN MORIGAGE FUNDING, MORIGAGE PASS THROUGH CERTIFICATES, SERIES 2000, A,

MICHELE RICE, DEFAULT SERVICING MANAGER (Name - Title)

STATE OF FLORIDA

)) ss.

upon behalf of which the person(s) acted executed the instrument.

COUNTY OF ORANGE

On 4808, before me, Que Robe, S
personally appeared MICHELE RICE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name 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

WITNESS my hand and official seal.

Notary Public State of Florida Queen Roberts My Commission DD566550 Expires 08/28/2010 NOTARY PUBLIC in and for the State of FLORIDA, residing at: Of knde My commission expires: 81201000