AFN #2009172365 Recorded 03/23/09 at 10:33 AM DocType: ASGN Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

When recorded, mail to:

REGIONAL TRUSTEE SERVICES CORPORATION

616 1st Avenue, Suite 500 Seattle, WA 98104

Trustee's Sale No: 01-FMB-71017

FMB710170010000000

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS that, CHRISTOPHER R LONGPHRE AND KAREN A GREEN HUSBAND AND WIFE is the Grantor, and COMMONWEALTH LAND TITLE INSURANCE COMPANY is the Trustee, and MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR ITS SUCCESSORS AND ASSIGNS is the Beneficiary under that certain trust deed dated 1/25/2008, under Auditor s/Recorder's No. 2008168843, records of SKAMANIA County, WASHINGTON.

NOW, THEREFORE, in view of the premises, IndyMac Federal Bank FSB, 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.

AFN #2009172365 Page: 2 of 2

Trustee's Sale No: 01-FMB-71017

DATED: 3/5/2009 +. * 2 Steetive 3/6/09

IndyMac Federal Bank FSB

Chuck Henrickson

Assistant Secretary

(Name Title)

STATE OF _MN) ss.

COUNTY OF Dake to

Janes C. Worris

On 3 15/2009 , before me, Chuck Henrickson personally appeared

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

WITNESS my hand and official seal.

NOTARY PUBLIC in and for the State of

_, residing at:___

My commission expires:

