AFN #2009173512 Recorded 08/03/09 at 03:03 PM DocType: ASGN Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County,

REPORTING REQUESTED BY

FIRST AMERICAN TITLE INSURANCE COMPANY

IRECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Trustee Corps 2112 Business Center Drive, 2nd floor Irvine, CA 92612

4152440 Ect 3/228

[Space above this line for recorder's use only]

Trustee Sale #: DIL053588 Loan #: 1007471624 Title Order#: 31228

SUBSTITUTION OF TRUSTEE

WHEREAS, JOSH BUSH, A SINGLE MAN, was the original Trustor, SKAMANIA COUNTY TITLE COMPANY, was the original Trustee, and INDYMAC BANK, F.S.B., was the original Beneficiary under that certain Deed of Trust dated 04/04/2006, Recorded on 04/13/2006 as Document No. 2006161191 of official records in the office of the Recorder of County, <WASHINGTON>, and

WHEREAS, **INDYMAC MORTGAGE SERVICES**, 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 place of and instead of said original Trustee or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

Now, THEREFORE, the undersigned Beneficiary hereby substitutes <u>FIRST AMERICAN TITLE</u> <u>INSURANCE COMPANY</u>, <u>whose address is: 3 FIRST AMERICAN WAY SANTA ANA, CA 92707</u>, 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.

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Trustee Sale #: DIL053588 Loan #: 1007471624 Title Order#: Investor #:

DATED: _July 6, 2009					
BENEFICIARY: INDYMAC MORTGAGE SERVICES					
IND I WIND WIND COLOR OF THE PARTY OF THE PA					
///				i.	
BY: DARRYLA WILLIAMS, VICE PRES	IDENT		Α.	lin.	
STATE OF _MICHIGAN					
COUNTY OFKALAMAZOO			_		
		_		A 70.	
On July 6, 2009 before	me, <u>BECK</u>	Y G COLYER			
, a notary public personally appeare	ed <u>DARR</u>	YL K WILLIAMS	<u> </u>	_who proved	to
me on the basis of satisfactory evidence to b	e the person(s) v	vhose name(s) is/ar	e subscribed to the	within instrum	ent
and acknowledged to me that he/she/they	executed the sam	ne in his/her/their a	authorized capacity	y(ies), and that	by
his/her/their signature(s) on the instrument	the person(s), o	r the entity upon 1	behalf of which th	ie person(s) act	ed,
executed the instrument.	- 4 %				
	C.X	7 -			
I certify under PENALTY OF PERJURY un	der the laws of the	ne State of	MICHIGAN	that	the
foregoing paragraph is true and correct.	~				
		7	-		
WITNESS my hand and official seal.	4244444	********	. * * * * * * *	- 1	
0 - 0 - 0	*	BECKY G. COLYEF Jotary Public - Michiga			
10GCOEGES	water the second	Kalamazoo County	10	- 1	
Notary Public in and for said County and State	My Com	mission Expires July	10, 2014 *		