AFN #2015001227 Recorded 06/23/2015 at 10:12 AM DocType: ASGN Filed by: FIRST AMERICAN CORELOGIC INC Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA

When recorded return to: CoreLogic 33121に3 1628 Browning Rd, Suite 160 Columbia, SC 29210

## **APPOINTMENT OF SUCCESSOR TRUSTEE**

M&T BANK #:0051992980 "CAMPEN" Lender ID:Q15/0103604453 Skamania, Washington MIN #: 100015700067200754 SIS #: 1-888-679-6377

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

Original Trustor: LOWELL CAMPEN AND DIANE CAMPEN, HUSBAND AND WIFE
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS NOMINEE
FOR COUNTRYWIDE HOME LOANS, INC. ITS SUCCESSORS AND ASSIGNS
Dated: 08/22/2006 Recorded: 08/31/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2006162822 ReRecorded 09/08/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2006162926 In the County of Skamania State of Washington

Property Address: 241 LAUREL LN, WASHOUGAL, WA 98671-7031

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 FIRST AMERICAN TITLE INSURANCE COMPANY whose address is 450 E BOUNDARY STREET, CHAPIN, SC 29036 as Successor Trustee under said Deed of Trust, to have all the powers of said original Trustee, effective immediately.

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ITS SUCCESSORS AND ASSIGNS On  $\underline{\text{May }18\text{th},2015}$ 

Tiffany A. Kisloski, Assistant Secretary

STATE OF New York COUNTY OF Erie

On the 18th day of May in the year 2015 before me, the undersigned Notary Public in and for said State, personally appeared Tiffany A. Kisloski, Assistant Secretary, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

WITNESS my hand and official seal,

TASHIA L CAPERS
Notary Expires: 05/21/2016
Qualified in Erie County

TASHIA L. CAPERS
Lic. #01CA6262156
Notary Public-State of New York
Qualified in Erie
My Commission Expires 05/21/2016

(This area for notarial seal)