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County, WA

APN:01050900061500

Requested and Prepared by:

When Recorded Mail To: Specialized Loan Servicing, LLC 8742 Lucent Blvd., Ste. 300 Highlands Ranch, CO 80129 TS No: 14-31896

140360625

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Deutsche Bank Trust Company Americas as

The undersigned hereby affirms that there is no Social Security number contained in this document. Commonly Known as: 142 COLLINS ROAD, WASHOUGAL, Washington 98671

ASSIGNMENT OF DEED OF TRUST

For Value Received, the undersigned hereby grants, assigns, and transfers to: The Bank of New York Mellon Trust Company, National Association as successor to Deutsche Bank Trust Company Americas f/k/a Bankers Trust Corporation, as Trustee for Residential Asset Securities Corporation, Home Equity Mortgage Asset-Backed Pass-Through Certificates, Series 2002-KS1 all beneficial interest under that certain Deed of Trust dated:9/4/2001 executed by VICTORIA L. PFEIFFER, A SINGLE PERSON, as Trustor(s), and MATRIX FINANCIAL SERVICES CORPORATION, as Beneficiary, to SKAMANIA COUNTY TITLE COMPANY, as Trustee, and recorded on 9/19/2001 as Instrument Number 142359 in book 214, page 816 of Official Records, in the office of the County Recorder of Skamania County, Washington and also all rights accrued or to accrue under said Deed of Trust.

Trustee formerly known as Bankers Trust Company as Trustee Karlene Benvenuto Assistant Vice President State of County o , Notary Public personally On before me who proved to me on the basis of satisfactory evidence to appeared, be the person(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 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. I certify under PENALTY OF PERJURY under the laws of the State of ______ that the foregoing paragraph is true and correct. WITNESS my hand and official seal. (seal) Dee attached

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

	tificate verifies only the identity of the individual who signed the not the truthfulness, accuracy, or validity of that document.
State of California)
County of Orange)
on Dec 10,2015 hefore me S	Suzanne C. Patten Here Insert Name and Title of the Officer E. Benvenuto
Date .	Here Insert Name and Title of the Officer
personally appeared Karlen	e G. Benvenuto
	Name(s) of Signer(s)
subscribed to the within instrument and ackr	
CUZANIC A DATES	I certify under PENALTY OF PERJURY under the law of the State of California that the foregoing paragraph is true and correct.
SUZANNE C. PATTEN Commission # 2075460	WITNESS my hand and official seal.
Notary Public - California	Λ Λ Λ
Orange County My Comm. Expires Jul 21, 2018	Signature / June (fallen
	Signature of Notary Public
Place Notary Seal Above	OPTIONAL
	this information can deter alteration of the document or
fraudulent reattachment of Description of Attached Document Oscillation	this form to an unintended document.
itle or Type of Document: Victoria	Than Named Above: Vanl
	Thai Hallod Abovot
Capacity(ies) Claimed by Signer(s) Signer's Name:	enuto Signar's Name:
Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
Partner — □ Limited □ General	☐ Partner — ☐ Limited ☐ General
Individual	☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator
Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator ☐ Other:
igner is Representing: () eulish! Ban	R Signer Is Representing:
	Note: 222 4 900 US NOTADY (4 900 976 \$927) Hom #500
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