

WHEN RECORDED RETURN TO:

__ Columbia Gorge Title __

__ 41 Russell Ave __

Stevenson WA 98648

DOCUMENT TITLE(S)

SUBSTITUTION OF TRUSTEE

REFERENCE NUMBER(S) of Documents assigned or released:

Recording Number 2013000438

☐ Additional numbers on page ____ of document.

Principal/(Grantor)/ORIGINAL TRUSTEE:

CLARK COUNTY TITLE

☐ Additional names on page ____ of document.

Agent/GRANTEE(S)/NEW TRUSTEE:

COLUMBIA GORGE TITLE

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Ptn Sec 29 T3N R8E W.M.

☒ Complete legal is located Deed of Trust referenced.

TAX PARCEL NUMBER(S):

03-08-29-2-1-0805-00 and 03-08-29-2-1-0900-00

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to
-verify the accuracy or completeness of the indexing information.-

AFTER RECORDING MAIL TO:

Columbia Gorge Title
PO Box 277
Stevenson, WA 98648

 SUBSTITUTION OF TRUSTEE

Whereas, CLARK COUNTY TITLE COMPANY, a Corporation, is the Original Trustee, and the undersigned, SKAMANIA ECONOMIC DEVELOPMENT COUNCIL, A WASHINGTON NON-PROFIT CORPORATION, is the present beneficiary under that certain Deed of Trust executed by NICOLE BERNARD, FORMERLY KNOWN AS NICOLE M. SPRUNG AND BENTON BERNARD, HUSBAND AND WIFE, AND DOUGLAS BERNARD AND JOAN BERNARD, HUSBAND AND WIFE, as Grantors on FEBRUARY 8, 2013, said Deed of Trust was recorded in the office of the county recorder of Skamania County on MARCH 7, 2013 under recording number 2013000438, and covers real property situated in the county of Skamania, State of Washington. Legal Description contained in said Deed of Trust.

Whereas the undersigned Beneficiary hereby substitute a new trustee under said Deed of Trust in the place and stead of said Trustee:

Now therefore, the undersigned Beneficiary hereby substitutes and appoints COLUMBIA GORGE TITLE, whose address is PO BOX 277, STEVENSON WA 98648 as Successor Trustee under said Deed of Trust.

Dated 10/17/2017

SKAMANIA ECONOMIC DEVELOPMENT
COUNCIL

(Beneficiary)

By: Nari R. Fagan *Executive Director*

By: _____

STATE OF Washington
COUNTY OF Skamania SS:

I certify that I know or have satisfactory evidence that the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument and acknowledge it to be his/her/their he/she/they free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 10/17/17

Cindy Bradley
Notary Public in and for the State of Washington
Residing at: Carson, WA
My appointment expires: 2/10/2021

