

**RECORDING REQUESTED BY AND  
AFTER RECORDING MAIL TO:**  
UPF WASHINGTON INCORPORATED  
12410 E MIRABEAU PKWY #100  
SPOKANE VALLEY, WA 99216

Skamania County, WA  
Total: \$18.00 Pgs=1  
ASGN  
Request of: COVIUS MORTGAGE SOLUTIONS DBA UPF  
eRecorded by: ~~SEPM~~ SERVICES LLC

**2021-000060**

01/07/2021 08:19 AM

Ref. No. 2094421-S(P)(E)

**SUBSTITUTION OF TRUSTEE**

**MIN: 100070202000845474**

**MERS Phone: 1-888-679-6377**

WHEREAS, COLUMBIA GORGE TITLE is the original Trustee; and the undersigned MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC. (MERS), as designated nominee for FINANCE OF AMERICA MORTGAGE LLC, beneficiary of the security instrument, its successors and assigns, under that certain Deed of Trust executed by DOUGLAS FARRIS AND ANTONIA FARRIS, as Trustor(s) on 8/1/2017 and was recorded in the office of the Skamania County Recorder, State of Washington on 8/3/2017 in Book N/A at Page N/A under Recording no. 2017001614, and covers the real property situate in Skamania County, Washington, as described therein.

WHEREAS, the undersigned nominee for the Beneficiary now desires to substitute a new Trustee under said Deed of Trust in the place and stead of said original Trustee:

NOW THEREFORE, the undersigned nominee for the Beneficiary hereby substitutes and appoints UPF WASHINGTON, INCORPORATED, whose address is 12410 E. Mirabeau Parkway Suite 100, Spokane Valley, WA 99216, as Successor Trustee under said Deed of Trust.

Loan #: 0034778993

**MORTGAGE ELECTRONIC REGISTRATION  
SYSTEMS INC. (MERS), AS DESIGNATED NOMINEE  
FOR FINANCE OF AMERICA MORTGAGE LLC, ITS  
SUCCESSORS AND ASSIGNS**

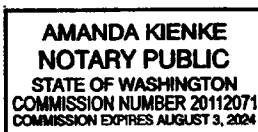
DATED 1/6/2021

BY: Michelle Steinmetzer  
Michelle Steinmetzer, Vice President

STATE OF WASHINGTON, COUNTY OF SPOKANE

On 01/06/2021, before me, the undersigned Notary Public, personally appeared MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC., by and through Michelle Steinmetzer, Vice President, personally known to me (or proved to me on the basis of satisfactory evidence) to 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 entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Amanda Kienke  
NOTARY PUBLIC in and for the State of WASHINGTON

Printed Name: Amanda Kienke

My commission expires: 8/3/2024