

WHEN RECORDED RETURN TO:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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## RESIGNATION AND APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS:

\_\_\_\_\_ is the Beneficiary, and  
\_\_\_\_\_ is the Trustee, under that certain deed of trust  
dated \_\_\_\_\_, and recorded on \_\_\_\_\_, by  
\_\_\_\_\_, Grantor, Volume \_\_\_\_\_, at page \_\_\_\_\_ of  
Mortgage Records of \_\_\_\_\_ County, State of Washington under Auditors File  
No. \_\_\_\_\_  
\_\_\_\_\_ hereby resigns as trustee under deed of trust described above.

Tax Account Number: \_\_\_\_\_ Dated: \_\_\_\_\_

By: \_\_\_\_\_

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The trustee has ceased to act as trustee by reason of \_\_\_\_\_  
the undersigned, who is the present beneficiary under said deed of trust, desires to appoint a new trustee in the  
place and stead of the trustee named above;

NOW, THEREFORE, in view of the premises, the undersigned hereby appoints

\_\_\_\_\_ whose address is \_\_\_\_\_ Washington, as  
successor trustee under said deed of trust, to have all the powers of said original trustee, effective forthwith.

IN WITNESS WHEREOF, the undersigned beneficiary has hereunto set his hand; if the undersigned is a  
corporation, it has caused its corporation name to be signed and affixed hereunto by its duly authorized officers.

Tax Account Number: \_\_\_\_\_ DATED: \_\_\_\_\_

By: \_\_\_\_\_

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STATE OF WASHINGTON )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ before me, the undersigned, a notary public in  
and for the State of Washington, duly commissioned  
and sworn, personally appeared  
\_\_\_\_\_  
known to me to be the individual(s) described in and  
who executed the within instrument and acknowledged  
that \_\_\_\_\_ signed and sealed the same as \_\_\_\_\_ free  
and voluntary act and deed, for the uses and purposes  
herein mentioned.

Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_

STATE OF WASHINGTON )

COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that  
\_\_\_\_\_ is the  
person who appeared before me, and said person acknowledged that  
\_\_\_\_\_ signed this instrument, on oath stated that \_\_\_\_\_ was  
authorized to execute the instrument and acknowledged it as  
\_\_\_\_\_ of  
\_\_\_\_\_ to be the  
free and voluntary act of such party for the uses and purposes  
mentioned in the instrument.

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_