

WHEN RECORDED,  
RETURN TO:  
Washington Federal Savings  
Burlington Branch  
PO Box 527  
Burlington, WA 98233  
Attn:



200012280135  
Skagit County Auditor

12/28/2000 Page 1 of 2 1:44:49PM

Date December 1st, 2000

Loan No. 017201228132-7

FIRST AMERICAN TITLE CO.

NOTICE OF MODIFICATION OF DEED OF TRUST 61183

NOTICE TO ALL PERSONS is given that Washington Federal Savings, as the Beneficiary/(Grantee) of that Deed of Trust dated February 8th, 2000, recorded under Auditor's File No. 200002090038, in the Records of Skagit County, State of Washington has, this date, modified the terms of the Note secured by the Deed of Trust ("the Loan Contract and Security Instrument"), as approved by Lester L. Francis III and R. Lorrie Francis, Husband and Wife, Grantor (or Successor Grantor) under the Security Instrument as follows:

**Check Appropriate Box(es)** **IMPORTANT:** Any numbered paragraph, which is highlighted by the mark of an "X" in the box opposite it and whose blank lines or spaces are filled in, is part of this notice. Any other numbered paragraph not so highlighted, is not part of this notice.

- 1. The Maturity Date of the Loan Contract and Security Instrument has been changed from November 1st, 2030 to May 1st, 2031.
- 2. The Loan Contract and Security Instrument has also been modified in a manner other than change in the Maturity Date.

The purpose of this document is to provide record notice, when required, of a modification in the terms of the loan contract and security instrument. It is not intended to nor shall it be deemed to alter in any manner the actual terms of any loan modification agreement between the grantor of the security instrument (or the successor of grantor) and WASHINGTON FEDERAL SAVINGS

as beneficiary. Notice is given to all persons that, except for the terms of any loan modification agreement, the terms of the original loan contract and security instrument shall in all other respects remain in full force and effect.

Grantor(s) [or Successor Grantor(s)] of Security Instrument:

Lester L. Francis III  
Lester L. Francis, III  
R. Lorrie Francis  
R. Lorrie Francis

(Over for notary acknowledgments)

200012280135  
Skagit County Auditor

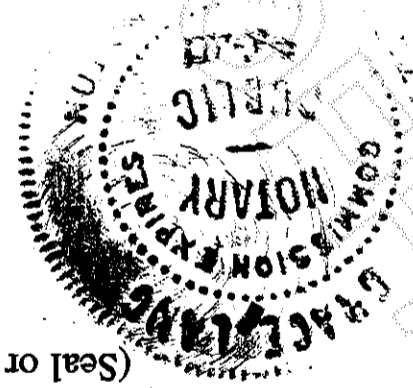


\_\_\_\_\_ of \_\_\_\_\_  
 (Name of the Party on Behalf of Whom the Instrument was Executed)  
 to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.  
 Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 (Seal or Stamp)  
 \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_  
 \_\_\_\_\_  
 residing at \_\_\_\_\_  
 \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature)

\_\_\_\_\_ [Name(s) of person(s)]  
 is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
 this instrument, on oath stated that (he/she/they) was/were authorized to execute the instrument and  
 acknowledged it as the \_\_\_\_\_  
 \_\_\_\_\_  
 (Type of Authority, e.g., Officer, Trustee)

\_\_\_\_\_ I certify that I know or have satisfactory evidence that \_\_\_\_\_

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 )  
 ) ss.  
 )



\_\_\_\_\_ Dated: 12/14/00  
 \_\_\_\_\_  
 (Seal or Stamp)  
 \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_  
 \_\_\_\_\_  
 residing at \_\_\_\_\_  
 \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
 this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes  
 mentioned in the instrument.

\_\_\_\_\_ [Name(s) of person(s)]  
 is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
 this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes  
 mentioned in the instrument.  
 Dated: 12/14/00  
 \_\_\_\_\_  
 (Seal or Stamp)  
 \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_  
 \_\_\_\_\_  
 residing at \_\_\_\_\_  
 \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
 this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes  
 mentioned in the instrument.

STATE OF Washington  
 COUNTY OF Skagit  
 )  
 ) ss.  
 )

LESTER L. FRANCIS III  
 And R. BORRIS FRANCIS