



200310080013
Skagit County Auditor

10/8/2003 Page 1 of 5 9:12AM

When Recorded Return to:
KeyBank National Association
P.O. Box 16430
Boise, ID 83715
(360) 336-3161

MODIFICATION AND EXTENSION OF PROMISSORY NOTE/DEED OF TRUST

GRANTOR(S): JELUDIEL R. ARAIZA HUSBAND
MARIANNE ARAIZA WIFE

GRANTEE ("Lender"): KeyBank National Association
P.O. Box 16430
Boise, ID 83715

TRUSTEE: KEYBANK USA NATIONAL ASSOCIATION
431 E PARKCENTER BLVD BOISE, ID 83706

ABBREVIATED LEGAL DESCRIPTION:
LT 1 BL 4, PAPES ADD TO CITY OF MT VERNON, V3 PG59

(Additional legal description on page 2.)
ASSESSOR'S TAX PARCEL OR ACCOUNT NUMBER: 37500040010007
REFERENCE NUMBERS OF DOCUMENTS MODIFIED AND EXTENDED: 200112260039

BORROWER	
JELUDIEL R. ARAIZA MARIANNE E. ARAIZA	
ADDRESS	
620 N 6TH ST MOUNT VERNON, WA 98273	
TELEPHONE NO.	IDENTIFICATION NO.

THIS MODIFICATION AND EXTENSION OF PROMISSORY NOTE/DEED OF TRUST, dated the 1st day of October 2003, is executed by and between the parties identified above and KeyBank National Association 4910 Tiedeman Road, Suite B, Brooklyn, Ohio 44144 ("Lender").

A. On December 18, 2001, Lender made a loan ("Loan") to Borrower evidenced by Borrower's promissory note or agreement ("Note") payable to Lender in the original principal amount of seventy five thousand and 00/100 Dollars (\$ 75,000.00), which Note is secured by a deed of trust ("Deed of Trust") executed by Grantor for the benefit of Lender and encumbering the real property described on Schedule A below ("Property") and recorded on December 26, 2001 in Book NA at Page NA in the Auditor's Office of SKAGIT County, Washington. The Note and Deed of Trust and any other related documents are hereafter cumulatively referred to as the "Loan Documents".

B. The Note and Deed of Trust are hereby modified as follows:

1. TERMS OF REPAYMENT.

The maturity date of the Note is extended to _____, at which time all outstanding sums due to Lender under the Note shall be paid in full, and the Deed of Trust is modified accordingly. The parties acknowledge and agree that, as of _____, the unpaid principal balance due under the Note was \$ _____, and the accrued and unpaid interest on that date was \$ _____. The new repayment terms are as follows:

2. ADDITIONAL MODIFICATIONS.

The Deed of Trust and Note are further modified as follows:

The original amount of the Note, which is secured by the Deed of Trust referenced above, and the original principal amount of such Deed of Trust in the amount of seventy five thousand and 00/100 dollars (\$75,000.00) is hereby increased to one hundred thirty one thousand five hundred and 00/100 dollars (\$131,500.00), an increase of fifty six thousand five hundred and 00/100 dollars (\$56,500.00).

C. Additional Representations, Warranties and Agreements.

Grantor represents and warrants that Grantor owns the property free and clear of any liens or encumbrances other than the liens described on Schedule B below. Except as expressly modified herein, all terms and conditions of the Loan Documents shall remain in full force and effect. The parties hereby adopt, ratify and confirm these terms and conditions as modified. Borrower and Grantor agree to execute any additional documents which may be required by Lender to carry out the intention of this Agreement. As of the date of this Agreement, there are no claims, defenses, setoffs or counterclaims of any nature which may be asserted against Lender by any of the undersigned.

SCHEDULE A

The following described real property located in the County of SKAGIT, State of Washington

ALL THAT PARCEL OF LAND IN CITY OF MOUNT VERNON, SKAGIT COUNTY, STATE OF WASHINGTON, AS MORE FULLY DESCRIBED IN DEED DOC # 200111260012, ID# 37500040010007, BEING KNOWN AND DESIGNATED AS LOT 1, BLOCK 4, PAPES ADDITION TO CITY OF MT VERNON, FILED IN PLAT BOOK 3, PAGE 59 . ABBVD: LT 1 BL 4, PAPES ADD TO CITY OF MT VERNON, V3 PG59

SCHEDULE B



GRANTOR: JELUDIEL R. ARAIZA

Jeludiel Araiza
JELUDIEL R. ARAIZA

GRANTOR: MARIANNE ARAIZA

Marianne Araiza
MARIANNE ARAIZA

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:



BORROWER: JELUDIEL R. ARAIZA

Jeludiel Araiza
JELUDIEL R. ARAIZA

BORROWER: MARIANNE E. ARAIZA

Marianne Araiza
MARIANNE E. ARAIZA

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BORROWER:

BORROWER:

LENDER:

KeyBank National Association



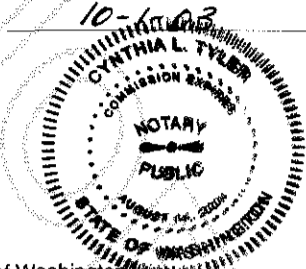
State of Washington

County of SKAGIT

I certify that I know or have satisfactory evidence that Marianne E. Araiza

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10-1-03



Cynthia L. Tyler, Notary
Notary Public (Print Name)

Cynthia L. Tyler
Title

My appointment expires: 8/14/04

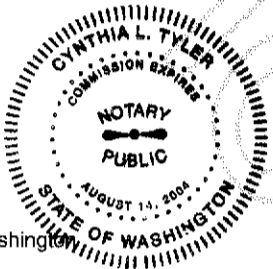
State of Washington

County of SKAGIT

I certify that I know or have satisfactory evidence that Jeludiel R. AZAIZA

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10-1-03



Cynthia L. Tyler, Notary
Notary Public (Print Name)

Cynthia L. Tyler
Title

My appointment expires: 8/14/04

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____

is that person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute this instrument and acknowledged it as the _____ 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 (Print Name)

Title

My appointment expires: _____

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____

is that person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute this instrument and acknowledged it as the _____ 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 (Print Name)

Title

My appointment expires: _____

ACAPS # 032601346570C; ALS # 473101588851

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