

WHEN RECORDED,
RETURN TO:

WASHINGTON FEDERAL SAVINGS
116 KIRKLAND AVE
KIRKLAND, WA 98033

Attn: CHRISTY CAIRNS

CHICAGO TITLE COMPANY
IC37854



200802110117
Skagit County Auditor

2/11/2008 Page 1 of 2 2:11:29AM

Date JANUARY 30, 2008

Loan No. 314122-3

NOTICE OF MODIFICATION OF DEED OF TRUST

NOTICE TO ALL PERSONS is given that Washington Federal Savings,
as the Beneficiary/(Grantee) of that Deed of Trust dated FEBRUARY 15, 2006,
recorded under AUDITOR'S FILE No. 200602210122,
in the Records of SKAGIT County, State of WASHINGTON,
has, this day, modified the terms of the Note secured by the Deed of Trust ("the Loan Contract and
Security Instrument") as approved by CHAFFEY NORTH LLC, A WASHINGTON
LIMITED LIABILITY COMPANY,
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 02/15/08 to 08/15/08.
- ☐ 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


425 PIKE STREET, SEATTLE WA 98101

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)

CHAFFEY NORTH, LLC

BY: CHAFFEY HOMES INC, MEMBER


CARINA M SHIVELY, SECRETARY

(Over for notary acknowledgments)

STATE OF _____
COUNTY OF _____
)
) ss.
)
I certify that I know or have satisfactory evidence that _____
[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.

Notary Public in and for the State of _____
(Signature) _____
residing at _____
My commission expires _____

(Seal or Stamp)

Dated: _____

STATE OF _____
COUNTY OF _____
)
) ss.
)
I certify that I know or have satisfactory evidence that _____
Carina Shively

[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 _____
Secretary

(Type of Authority, e.g., Officer, Trustee)
Chaffey Jones

(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: 2/1/08

(Signature) _____
Notary Public in and for the State of _____
residing at _____
My commission expires 4-26-08

