



200806180083
Skagit County Auditor

6/18/2008 Page 1 of 2 11:45AM

WHEN RECORDED,
RETURN TO:

WASHINGTON FEDERAL SAVINGS
116 KIRKLAND AVE
KIRKLAND WA 98033

Attn: _____

121697-PC LAND TITLE OF SKAGIT COUNTY

Date MAY 27, 2008

Loan No. 318802-6

NOTICE OF MODIFICATION OF DEED OF TRUST

NOTICE TO ALL PERSONS: given that Washington Federal Savings,
as the beneficiary/(Grantee) of the Deed of Trust dated 06/21/06,
recorded under AUDITOR'S FILE No. 200606300089,
in the Record 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") approved by CHAFFEY NORTH LLC, A WASHINGTON LIMITED
LIABILITY COMPANY, Grantor (or Successor
Grantor)

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 06/21/08 to 12/21/08.
- 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)

WASHINGTON FEDERAL SAVINGS

by: Christy Cairns
CHRISTY CAIRNS
Title: ASSISTANT BRANCH MANAGER

CHAFFEY NORTH, LLC
BY: CHAFFEY HOMES INC., MEMBER
Carina M Shively
BY: CARINA M SHIVELY, SECRETARY

(Over for notary acknowledgments)



My commission expires 4-26-12
residing at Lynnwood
Notary Public in and for the State of WA
(Signature) Theresa Abbott

Dated: 6/16/08

to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.
(Name of the Party on Behalf of Whom the Instrument was Executed)
Chaffey Homes
of Chaffey Homes
(Type of Authority, e.g., Officer, Trustee)

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
[Name(s) of person(s)]

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

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

Dated: _____

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)]

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

DUPLICATE