| The state of the party   |   |   |   |  |
|--|---|---|---|--|
|  | ,   |   |   |  |
| WHEN RECORDED,   | ( V   | /   | Loan No. 013 2  | 01 119834-0                            |
| RETURN TO: WASHINGTON FEDERAL SAVIN  |   |   |   |  |
| P.O. BOX 639   | 8   |   | MACIT OF  | UNTURFI<br>AUDITAL                     |
| MOUNT VERNON WA 98273  |   |   | ຈຸດ <b>ສຸດ</b> ທະນຸນຄູ່ທຸ   | A Alloiton                             |
| Attn: DEANNE RAMSEY  | ୍୍୍ ଅଷ୍ଟ092   | 280091  | *93 SED 2   |  |
| Attu. DEANNE RANGET  |   |   | *93 SEP 28  | <sup>P12</sup> :36                     |
|  |   |   | ECORDED_  | 10                                     |
| 1  | NOTICE OF MODII   | FICATION  | REQUEST OF  | al Tables                              |
|  |   |   |   | -                                      |
| NOTICE TO ALL PERSONS is   | given that  | WASHINGTON I  | FEDERAL SAVINGS   | <u>S</u>                               |
| , as the recorded under AUDITOR  | e Beneficiary of that   | Deed of Trust date  |   | 1993                                   |
| in the Records of SKAGIT   | 'S FILE County  | No. State of  | 9301200062  | <del></del>                            |
| has, this date, modified the terms   | of the Note secured   | the the Deed of   | Trust ("the Loan C  | Contract and Secur                     |
| Instrument"), as approved by KEND  | ALL D. GENTRY A   | AND NANCY F. C  | ENTRY, HUSBANI  | AND WIFE                               |
| under the Security Instrument as foll  | Ottes   |   | , Grantor (d  | or Successor Granto                    |
| ander the security instrument as ion   | ows.  |   |   |  |
| Check IMPORTAN   | I: ANY NUMBER   | D PARAGRAPH   | , WHICH IS HIGH   | LIGHTED BY TH                          |
| Appropriate MARK OF A Box(es) SPACES AR  | AN "X" IN THE B   | OX OPPOSITE I   | T AND WHOSE   | BLANK LINES (                          |
|  | E FILLED IN, IS F<br>H(S) NOT SO HIGH   | AKI OF THIS N   | OLICE, ANY OL   | HER NUMBERE                            |
|  |   |   |   | Of THIS NOTICE                         |
| 2. The Loan Contract an change in the Maturit  | nd Security Instrumenty Date.   | nt has bec  | en modified in a mai  | nner other than                        |
|  |   |   |   |  |
| THE PURPOSE OF THIS DOCU   | MENT IS TO PPO  | VIDE DECORD   | NOTICE MAIEN  |  |
| MODIFICATION IN THE TERM NOT INTENDED TO NOR SHALL OF ANY LOAN MODIFICATION INSTRUMENT (OR THE SUCCES WASHINGTON FEDERAL SAVING AS BENEFICIARY. NOTICE IS CLOAN MODIFICATION AGREE SECURITY INSTRUMENT SHALL | S OF THE LOAN L IT BE DEEMED N AGREEMENT SOR OF GRANTO GS GIVEN TO ALL PE MENT, THE TER | CONTRACT AND TO ALTER IN AND TO AND THE RISONS THAT, ENDRE OF THE ONE OF THE | D SECURITY INS  NY MANNER THE E GRANTOR OF  EXCEPT FOR THE RIGINAL LOAN | TRUMENT. IT IS ACTUAL TERM THE SECURIT |
| Signed at MOUNT VERNON   |   |   | , this  |  |
| lay of SEPTEMBER   | 10.03   |   |   |  |
| day of <u>SEPTEMBER</u> ,  | 1 <u>9</u> 93   |   |   |  |
|  |   |   |   |  |
| Grantor(s) [or Successor Grantor(s)]   | of Security   |   |   |  |
| nstrument:  KENDALL D. GENTRY  | enty  |   |   |  |
| lan 3.   | and   |   |   |  |
| NANCY F. GENTRY  |   |   |   |  |

100.1 1993

9309280091

Page 1 of 2 pages.

LO-122 1-21-92

| ACKNOWLE  | EDGEMENT OF INDIVIDUAL(S)  |
|---|--|
| STATE OF WASHINGTON ) ss.   |  |
| COUNTY OF SKAGIT  |  |
| I certify that I know or have satisfactory evidence   | that   |
| KENDALL D. GENTRY AND NANCY F.  | GENTRY   |
| is/are the person(s) who appeared before me, and acknowledged it to be (his/her/their) free and volunt  | [Name(s) of person(s)]  I said person(s) acknowledged that (he/she/they) signed this instrument and ary act for the uses and purposes mentioned in the instrument. |
| Dated: 4 20 43  | Smanne & Jan   |
| (See Low Che. )   | (Signature)  |
| (Scal or Stamp)   | Notary Public in and for the State of WASHINGTON   |
|   | residing at movie Working.   |
|   | My commission expires  |
|   |  |
| ·.  |  |
| ACKNOV  | VLEDGEMENT OF PERSON   |
|   | A REPRESENTATIVE CAPACITY  |
|   |  |
| STATE OF  |  |
| COUNTY OF I certify that I know or have satisfactory evidence t   | hat  |
|   | [Name(s) of person(s)]   |
| is/are the person(s) who appeared before me, and s stated that (he/she/they) was/were authorized to exc | aid person(s) acknowledged that (he/she/they) signed this instrument, on oath  |
| of  | (Type of Authority, e.g., Officer, Trustee)  |
| (Name of the Party on Bel<br>to be the free and voluntary act of such party for the u                   | nalf of Whom the Instrument was Executed) uses and purposes mentioned in the instrument.   |
| Dated:  |  |
|   | (Signature)  |
| (Seal or Stamp)   | Notary Public in and for the State of  |
|   | residing at  |
|   | My commission expires  |

Page 2 of 2

9309280091

BK 1238 PG 0037