

WHEN RECORDED,  
RETURN TO:

Washington Federal Savings  
Mount Vernon Office  
PO Box 639  
Mount Vernon, WA 98273  
Attn: Cheryl Holmstrom



200110190013  
Skagit County Auditor  
10/19/2001 Page 1 of 2 9:35:32AM

Date October 12th, 2001

Loan No. 050 200 232431-7

FIRST AMERICAN TITLE CO.  
NOTICE OF MODIFICATION OF DEED OF TRUST

B62153

NOTICE TO ALL PERSONS is given that Washington Federal Savings,  
as the Beneficiary/(Grantee) of that Deed of Trust dated May 16th, 2000,  
recorded under Auditor's File No. 200005190092,  
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

JUDY L RINGKVIST, AN UNMARRIED PERSON

, 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 June 1st, 2007 to April 1st, 2030.
- ☒ 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)

WASHINGTON FEDERAL SAVINGS

by:

Cheryl Holmstrom  
CHERYL HOLMSTROM

Title: Assistant Branch Manager

Judy L Ringkvist  
JUDY L RINGKVIST

(Over for notary acknowledgments)

200110190013



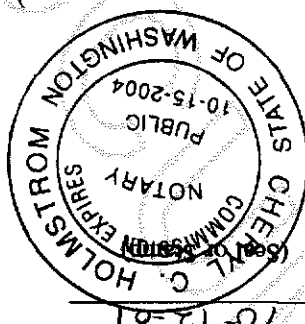
Dated: \_\_\_\_\_  
(Seal or Stamp)  
Notary Public in and for the State of \_\_\_\_\_  
residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

(Name of the Party on Behalf of Whom the Instrument was Executed)  
\_\_\_\_\_ of \_\_\_\_\_  
(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 \_\_\_\_\_  
[Name(s) of person(s)]

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

Dated: \_\_\_\_\_  
(Seal or Stamp)  
Notary Public in and for the State of Washington  
residing at \_\_\_\_\_  
My commission expires 10-15-2004



\_\_\_\_\_ 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 \_\_\_\_\_  
COUNTY OF SKAGIT  
STATE OF WASHINGTON  
( )  
( ) ss.  
( )

JUDY L. RINGKVIIST