



200303210089
Skagit County Auditor

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When Recorded Return to:
KeyBank National Association
P.O. Box 16430
Boise, ID 83715
(360) 466-4482

MODIFICATION AND EXTENSION OF PROMISSORY NOTE/DEED OF TRUST

GRANTOR(S): CHARLES E. LARSSON HUSBAND
SUSAN K. LARSSON 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:
L8, BLK 1, WAGNERS HOPE ISLAND ADD, V6, P12

(Additional legal description on page 2.)
ASSESSOR'S TAX PARCEL OR ACCOUNT NUMBER: 4036-001-008-0000
REFERENCE NUMBERS OF DOCUMENTS MODIFIED AND EXTENDED: 200112030046

BORROWER	
CHARLES E. LARSSON SUSAN K. LARSSON	
ADDRESS	
9862 SUNSET DR LA CONNER, WA 98257	
TELEPHONE NO.	IDENTIFICATION NO.

THIS MODIFICATION AND EXTENSION OF PROMISSORY NOTE/DEED OF TRUST, dated the 12th day of March 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 November 28, 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 one hundred thousand and 00/100 Dollars (\$ 100,000.00), 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 03, 2001 in Book _____ at Page _____ 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 one hundred thousand and 00/100 dollars (\$100,000.00) is hereby increased to two hundred forty thousand and 00/100 dollars (\$240,000.00), an increase of one hundred forty thousand and 00/100 dollars (\$140,000.00).

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 LA CONNER, SKAGIT COUNTY, STATE OF WASHINGTON, AS MORE FULLY DESCRIBED IN DEED DOC # 8607080078, ID# 4036-001-008-0000, BEING KNOWN AND DESIGNATED AS LOT 8, BLOCK 1, WAGNERS HOPE ISLAND ADDITION, FILED IN PLAT BOOK 6, PAGE 12 . ABBRV. L8, BLK 1, WAGNERS HOPE ISLAND ADD, V6, P12

SCHEDULE B



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GRANTOR: CHARLES E. LARSSON

Charles E. Larsson

CHARLES E. LARSSON

GRANTOR: SUSAN K. LARSSON

Susan K. Larsson

SUSAN K. LARSSON

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:

GRANTOR:



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BORROWER: CHARLES E. LARSSON

Charles E. Larsson

CHARLES E. LARSSON

BORROWER: SUSAN K. LARSSON

Susan K. Larsson

SUSAN K. LARSSON

BORROWER:

BORROWER:

BORROWER:

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BORROWER:

BORROWER:

LENDER:

KeyBank National Association



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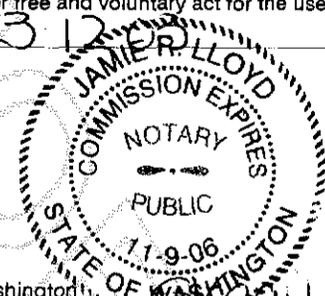
State of Washington
County of Skagit

I certify that I know or have satisfactory evidence that Charles E. Larsson

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: 3.12.03

Jamie R. Lloyd
Notary Public (Print Name)
Notary
Title
My appointment expires: 11.9.06



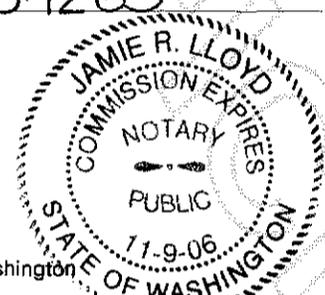
State of Washington
County of Skagit

I certify that I know or have satisfactory evidence that Susan K. Larsson

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: 3.12.03

Jamie R. Lloyd
Notary Public (Print Name)
Notary
Title
My appointment expires: 11.9.06



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 _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

Notary Public (Print Name)

Title
My appointment expires: _____

(Seal or Stamp)

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 _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

Notary Public (Print Name)

Title
My appointment expires: _____

(Seal or Stamp)



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ACAPS # 030381541120C; ALS # 473101578413