

WHEN RECORDED, RETURN TO:

Washington Federal Savings Mount Vernon Office PO Box 639
Mount Vernon, WA 98273
Attn: Al Collins

f 2 3:19PM	1
f	2 3:19PN

W.		
Date	_06/26/07	Loan No.013 200 318019-7
		Dom: 110. 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		TON OF DEED OF SERVICE
	NOTICE OF MODIFICATI	
	and the second of the second o	FIRST AMERICAN TITLE CO.
NOT	ICE TO ALL PERSONS is given that	Washington Federal Savings 323
as the Be	neficiary/(Grantee) of that Deed of Trust d	
recorded	under <u>Auditor's File</u>	No. <u>200606230117</u> ,
in the Re	cords of Skagit C	ounty, State of <u>Washington</u>
Security	Instrument"), as approved by	ured by the Deed of Trust ("the Loan Contract and
THE G	REAT AMERICAN DREAM, INC, A WA	SHINGTON CORPORATION,
	ANDMARK BUILDING & DEVELOPMENT	
under the	e Security Instrument as follows:	ACCOMMODATION RECORDING ONLY
Check Appro Box(e	"X" in the box opposite it and who priate this notice. Any other numbered p	aragraph, which is highlighted by the mark of an ose blank lines or spaces are filled in, is part of paragraph not so highlighted, is not part of this
x 1.	The Maturity Date of the Loan Contract	and Security Instrument has been changed
	from 06/15/07	το07/01/09
X 2	The Loan Contract and Security Instrume change in the Maturity Date.	ent has also been modified in a manner other than
of the lo	an contract and security instrument. It is r	notice, when required, of a modification in the terms not intended to nor shall it be deemed to alter in any on agreement between the grantor of the security GRAL SAVINGS
as benef	iciary. Notice is given to all persons th	nat, except for the terms of any loan modification
agreemen	nt, the terms of the original loan contract	and security instrument shall in all other respects
	full force and effect.	
		Grantor(s)
WASH	INGTON FEDERAL SAVINGS	THE GREAT AMERICAN DREAM, INC
by:	Allen L. Collins	
_	ALLEN L COLLINS	JOHN ELLIS, President
Title:	Vice President and Manager	

(Over for notary acknowledgments)

Approximation of the second of	WIIIIIII
	NAME OF STATE OF STAT
	ALL STATE OF THE S
	[7 0 X 3 2] []
My commission expires 10-15-2008-	Z / 90-91-9 2 H
residing at	AND
Notary Public in and for the State of Mashington	A TOPPS MILL
Month (Jetmollon	Dated: 6-2 million
TOTOTAL	-
or the uses and purposes mentioned in the instrument.	
	of THE GREAT AMERICAN DREAM
ype of Authority, e.g., Officer, Trustee)	L)
<u> </u>	NEGICANI SI DO SE SI
they) was/were authorized to execute the instrument ar	acknowledged it as the PRESIDEN
and said person(s) acknowledged that (he/she/they) signe	is/are the person(s) who appeared before me,
ue(s) of person(s)]	16N] }
de .	
	NHOC
	I certify that I know or have satisfactory ev
	COUNTY OF SKAGIT) I certify that I know or have satisfactory ev
	I certify that I know or have satisfactory ev
	COUNTY OF SKAGIT) SS. I certify that I know or have satisfactory ev
	COUNTY OF SKAGIT) SS. I certify that I know or have satisfactory ev
	COUNTY OF SKAGIT) SS. I certify that I know or have satisfactory ev
	STATE OF WASHINGTON) 55. COUNTY OF SKAGIT) 15. I certify that I know or have satisfactory events.
गंतिहारट रिप्रा	STATE OF WASHINGTON SS. COUNTY OF SKAGIT I certify that I know or have satisfactory events.
Motary Public in and for the State of residing at My commission expires	STATE OF WASHINGTON) 55. COUNTY OF SKAGIT I certify that I know or have satisfactory events.
Tesiding at My commission expires My commission expires	(Seal or Stamp) STATE OF WASHINGTON) 25. COUNTY OF SKAGIT) 25. I certify that I know or have satisfactory events.
Motary Public in and for the State of residing at My commission expires	STATE OF WASHINGTON SS. COUNTY OF SKAGIT I certify that I know or have satisfactory evently
Motary Public in and for the State of residing at My commission expires	(Seal or Stamp) STATE OF WASHINGTON) 25. COUNTY OF SKAGIT) 25. I certify that I know or have satisfactory events of the same of the
Wy commission expires Wher/their) free and voluntary act for the uses and purpose (Signature) Tesiding at My commission expires	this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) 55. COUNTY OF SKACIT) 55.
and said person(s) acknowledged that (he/she/they) signes. (Signature) Hotary Public in and for the State of testing at the State of My commission expires	is/are the person(s) who appeared before me, this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) \$5. COUNTY OF SKAGIT) \$5. I certify that I know or have satisfactory events.
Wy commission expires Wher/their) free and voluntary act for the uses and purpose (Signature) Tesiding at My commission expires	is/are the person(s) who appeared before me, this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) \$5. COUNTY OF SKAGIT) \$5. I certify that I know or have satisfactory events.
ne(s) of person(s) acknowledged that (he/she/they) signe and said person(s) acknowledged that (he/she/they) signe. (Signature) Motary Public in and for the State of testing at the State of that sommission expires	is/are the person(s) who appeared before me, this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) 55. COUNTY OF SKAGIT) 55. I certify that I know or have satisfactory events.
ne(s) of person(s) acknowledged that (he/she/they) signe and said person(s) acknowledged that (he/she/they) signe. (Signature) Motary Public in and for the State of testing at the State of that sommission expires	I certify that I know or have satisfactory evistare the person(s) who appeared before me, this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) 55. COUNTY OF SKAGIT) 55.
ne(s) of person(s) acknowledged that (he/she/they) signe and said person(s) acknowledged that (he/she/they) signe. (Signature) Motary Public in and for the State of testing at the State of that sommission expires	is/sire the person(s) who appeared before me, this instrument and acknowledged it to be (his mentioned in the instrument. Dated: (Seal or Stamp) STATE OF WASHINGTON) 55. COUNTY OF SKAGIT) 55.

200707100082 Skagit County Auditor Skagit County Auditor

Page 2 of 2