

WHEN RECORDED,
RETURN TO:
WASHINGTON FEDERAL SAVINGS
116 KIRKLAND AVE
KIRKLAND WA 98033



200902020009
Skagit County Auditor

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Attn: _____

LAND TITLE OF SKAGIT COUNTY

173751-5

Date DECEMBER 18, 2008

Loan No. 323393-9

NOTICE OF MODIFICATION OF DEED OF TRUST

NOTICE TO ALL PERSONS is given that Washington Federal Savings,
as the Beneficiary/(Grantee) of that Deed of Trust dated NOVEMBER 20, 2006,
recorded under AUDITOR'S FILE No. 200611290046,
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 _____
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 11/20/08 to 11/20/10.
- 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
BY: CHRISTY CAIRNS
Title: ASSISTANT MANAGER

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

(Next page for notary acknowledgments)

STATE OF _____)
) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____

[Name(s) of person(s)]

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.

Dated: _____

(Seal or Stamp)

(Signature)

Notary Public in and for the State of _____ ,

residing at _____

My commission expires _____

STATE OF Washington)
) ss.
COUNTY OF King)

I certify that I know or have satisfactory evidence that Carina Shively

[Name(s) of person(s)]

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

(Type of Authority, e.g., Officer, Trustee)

of Chaffey Homes

(Name of the Party on Behalf of Whom the Instrument was Executed)

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

Dated: 11/7/09

Teresa Andolfi

(Signature)

Notary Public in and for the State of WA ,

residing at Lynnwood

My commission expires 4-26-12



LO122 WA

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