RETURN TO: Washington Federal Savings PO Box 527 Burlington, Wa 98233 Doreen Nystrom Skagit County Auditor 3/11/2009 Page 1 of 2 9:38AM Loan No. 325211-1 Date 02/27/09 GUARDIAN NORTHWEST TITLE CO. NOTICE OF MODIFICATION OF DEED OF TRUST NOTICE TO ALL PERSONS is given that **Washington Federal Savings** February 20, 2007 as the Beneficiary/(Grantee) of that Deed of Trust dated_ Auditor's File No. 200702220009 recorded under County, State of in the Records of Skagit 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 John Kassa and Connie Kassa, Husband and Wife DBA Kassabilt Homes Successor Grantor (or Grantor) IMPORTANT: Any numbered paragraph, which is highlighted by the mark of an Check "X" in the box opposite it and whose blank lines or spaces are filled in, is part of Appropriate this notice. Any other numbered paragraph not so highlighted, is not part of this Box(es) notice. The Maturity Date of the Loan Contract and Security Instrument has been changed from 02/20/09 € to 03/01/11 X 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, a United States Corporation 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. WASHINGTON FEDERAL SAVINGS KASSA CONNIE KASSA Title: AVP/BRANCH MANAGER

WHEN RECORDED,

(Next page for notary acknowledgments)

Page 1 of 2 pages.

LO122 WA 10/01/08

STATE OF WASHINGTON)	
The state of the s	SS.
COUNTY OF SKAGIT)	
I certify that I know or have satisfact	
JOHN KASSA AND CON	NIE KASSA
	[Name(s) of person(s)]
is/are the person(s) who appeared before this instrument and acknowledged it to b mentioned in the instrument.	e me, and said person(s) acknowledged that (he/she/they) signed to the (his/her/their) free and voluntary act for the uses and purposes
Dated: 316789	Doug K Must.
Dated:	(Signature)
(Seal or Stamp)	Notary Public in and for the State of Washington ,
K. NYS	Notary Public in and for the State of Massacrage of
LE SON EXPLOYED	residing at <u>Meyora</u> My commission expires <u>3/16/16</u>
(E) (S) (S) (S)	My commission expires 3/10/10
STATE OF THE OF WASHING	
	.ss:
COUNTY OF	
I certify that I know or have satisfact	ory evidence that
	the state of the s
	[Name(s) of person(s)]
	e me, and said person(s) acknowledged that (he/she/they) signed e/she/they) was/were authorized to execute the instrument and
	(Type of Authority, e.g., Officer, Trustee)
of	
•	the Party on Behalf of Whom the Instrument was Executed)
to be the free and voluntary act of such p	party for the 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

200903110015 Skagit County Auditor

Page 2 oj

3/11/2009 Page

2 of 2 9:38AM