

Skagit County Auditor

RETURN TO: WASHINGTON FEDERAL SAVINGS

PO BOX 97

WHEN RECORDED,

ANACORTES WA 98221

Attn: KIM FAIR

LAND TITLE OF SKAGIT COUNTY

123593-10

P12596

Date 03/17/09

2 3:28PM 4/3/2009 Page 1 of

Date 03/17/09	Loan No. 323352-5
NOTICE OF MODIFICATION	ON OF DEED OF TRUST
e de la companya del companya de la companya del companya de la co	
NOTICE TO ALL PERSONS is given that	Washington Fodoval Savings
as the Beneficiary/(Grantee) of that Deed of Trust d	
recorded underAUDITOR'S FILE	No. 200701050128
	ounty, State of WASHINGTON
	red by the Deed of Trust ("the Loan Contract and
Security Instrument"), as approved by	· · · · · · · · · · · · · · · · · · ·
RANDY A CLICK	
	, Grantor (or Successor
Grantor)	·
IMPORTANT: Any numbered na	ragraph, which is highlighted by the mark of an
	se blank lines or spaces are filled in, is part of
Appropriate this notice. Any other numbered p	aragraph not so highlighted, is not part of this
Box(es) notice.	, a var para
X 1. The Maturity Date of the Loan Contract a	and Security Instrument has been changed
from 04/05/09	
2 The Loan Contract and Security Instrume	nt has also been modified in a manner other than
change in the Maturity Date.	A Company of the Comp
<u></u>	
	otice, when required, of a modification in the terms
	ot intended to nor shall it be deemed to alter in any
	n agreement between the grantor of the security
instrument (or the successor of grantor) and	
WASHINGTON FEDERAL SAVINGS	
1 - 2 - 1 - 2 - 1 - 2 - 2 - 2 - 2 - 2 -	
	at, except for the terms of any loan modification and security instrument shall in all other respects
remain in full force and effect.	and security instrument strain in an other respects
emain in tun force and effect.	Grantor(s)
WASHINGTON FEDERAL SAVINGS	Gards a Ch
000 0 1/ 00	RANDY A CLÍCK
by: 40 Janla Yalle	the state of the s
MARLA VALLEE	
Title: vice president & manager	
	And the state of t

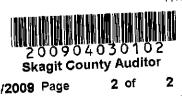
(Next page for notary acknowledgments)

Page 1 of 2 pages.

LO122 WA 10/01/08

STATE OF WASHINGTON)	
STATE OF WASHINGTON	SS.
COUNTY OF SKAGIT	35,
I certify that I know or have satisfact	tory evidence that
RANDY A CLICK	ory evidence dam
AVIII ODION	
	[Name(s) of person(s)]
is/are the person(s) who appeared before this instrument and acknowledged it to be mentioned in the instrument.	e me, and said person(s) acknowledged that (he/she/they) signed be (his/her/their) free and voluntary act for the uses and purposes
Dated: 04/04/09	Ama. Fin
	(Signature)
(Seal on Blatth)	Notary Public in and for the State of WASHINGTON ,
	residing atBURLINGTON
il i	My commission expires OUL29/10
E S NOTARY	
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E. O. 1/4	
	r
STATE OF	
SIAILOI	SS
COUNTY OF	
	tory evidence that
<i>.</i>	
3.4	
	[Name(s) of person(s)]
is/are the person(s) who appeared before	e me, and said person(s) acknowledged that (he/she/they) signed e/she/they) was/were authorized to execute the instrument and
acknowledged it as the	
	(Type of Authority, e.g., Officer, Trustee)
of	<u></u>
	f 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:	
	(Signature)
(Seal or Stamp)	Notary Public in and for the State of,
	residing at
	My commission expires

Page



4/3/2009 Page

2 3:28PM