



201205010043
Skagit County Auditor

5/1/2012 Page 1 of 3 1:25PM

WHEN RECORDED,

RETURN TO:

Washington Federal

300 E Fairhaven Ave

PO Box 527

Burlington, Wa 98233

Attn: Doreen or Jeanne

LAND TITLE OF SKAGIT COUNTY

121831-SW4

P109781

Date 03/16/12

Loan No. 368489-1

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 July 10, 2006,
recorded under Auditor's File No. 200607130102,
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 Barbara A Lane and John D Lemke

_____, **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 07/01/2010 to 06/01/2030.
- ☒ 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, formerly Horizon Bank

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: Jeanne M Aungst
Jeanne M Aungst

Title: Assistant Manager

Barbara A Lane
Barbara A Lane
John D Lemke
John D Lemke

(Next page for notary acknowledgments)

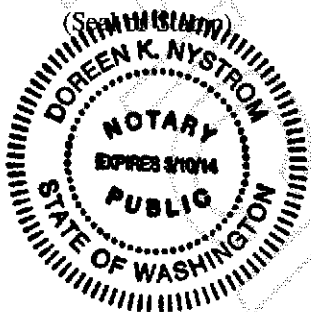
STATE OF Washington)
) ss.
COUNTY OF Skagit)

I certify that I know or have satisfactory evidence that Barbara A Lane

[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: 3/21/12



Doreen K Nyström
(Signature)

Notary Public in and for the State of Washington,
residing at Mount Vernon
My commission expires 3/10/14

STATE OF)
) ss.
COUNTY OF)

I certify that I know or have satisfactory evidence that John D Lemke

[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)

**NOTARY ACKNOWLEDGMENT
ATTACHED**

(Signature)

Notary Public in and for the State of _____,
residing at _____
My commission expires _____



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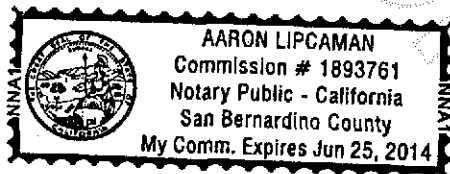
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Bernardino

On April 24, 2012 before me, Aaron Lipcaman, Notary Public

personally appeared John D. Remke



who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

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OF SIGNER
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