RECORDING REQUESTED BY UNION BANK, N.A.

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AND WHEN RECORDED, MAIL TO:

UNION BANK, N.A. Attn: CRELA

145 South State College Blvd, Suite 600

Mailcode: 4-35A-379

Brea, CA 92821

LANDTITLE OF SKAGIT COUNTY

Space Above This Line for Recorder's Use

# MODIFICATION AGREEMENT (SHORT FORM)

Grantor (Borrower/Trus	or): Sea-Mar Community Health Center, a Washington Non-Profit Corporation
`	
-	
Grantee (Lender/Benef	iary): Union Bank, N.A.
`	
Legal Description (abl	reviated): Ptn SW ¼, 17-34-4 E W.M. (Aka Tr. 2, SP #MV-4-84)
	(Additional Legal(s) on Exhibit A
Assessor's Tax Parce	I.D.#: 340417-3-001-0000 / Property I.D. No. P25973
Reference No. Docum	nts Released or Assigned:

Date: July 30, 2012

### **RECITALS**

The undersigned agree that the following documents: (i) that certain promissory note dated <u>June 4, 2009</u> in the stated principal amount of <u>Four Hundred Seventy Two Thousand and No/100</u>. Dollars \$472,000.00 (the "Original Note") executed by <u>Sea-Mar Community Health Center</u>, a <u>Washington Non-Profit Corporation</u> as Debtor, and (ii) that certain deed of trust securing the same executed by <u>Sea-Mar Community Health Center</u>. a <u>Washington Non-Profit Corporation</u> as Debtor and Trustor and recorded on <u>June 8, 2009</u>, as Instrument/Serial No. <u>200906080167</u>, in Official Records, County of <u>Skaqit</u>, State of <u>Washington</u>, (the "Deed of Trust") be and are amended upon the terms and conditions set forth in that certain Modification Agreement (Long Form) between the undersigned dated July 30, 2012.

The Modification Agreement (Long Form) is by this reference incorporated herein and made a part hereof. The Deed of Trust affects that certain real property described in Exhibit "A" attached hereto and incorporated by this reference.

### MODIFICATION OF DEED OF TRUST

It is further agreed that said Deed of Trust shall be and is hereby amended and modified as follows:

Amendment of Section entitled "Choice of Venue." The Deed of Trust is being amended by the deletion in its entirety of Section entitled "Choice of Venue" and the insertion of the following: "Disputes. If there is a lawsuit, Trustor agrees upon Bank's request to submit to the jurisdiction of the courts of Skagit County, state of Washington. This Agreement hereby incorporates any alternative dispute resolution agreement previously, concurrently or hereafter executed between Trustor and Bank."

IN WITNESS WHEREOF, the parties hereto have executed this Modification Agreement (Short Form) as of the date first written above.

#### **DEBTOR AND TRUSTOR:**

Sea-Mar Community Health Center, a Washington Non-Profit Corporation

Rogelio Riejas, CEO/President

**BENEFICIARY:** 

UNION BANK, N.A.,

successor in interest to the FDIC, as Receiver of Frontier Bank

Name: David C

Title: Vice President

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# EXHIBIT "A" DESCRIPTION OF REAL PROPERTY

THIS EXHIBIT "A" IS ATTACHED TO THAT CERTAIN MODIFICATION AGREEMENT DATED JULY 30, 2012.

### ASSESSOR'S PARCEL NUMBER(S) OF COLLATERAL PROPERTY:

340417-3-001-0000 / Property I.D. No. P25973

## **LEGAL DESCRIPTION:**

Tract 2 of Short Plat No. MV-4-84, approved April 18, 1984, recorded April 20, 1984, in Volume 6 of Short Plats, page 134, under Auditor's File No. 8404200015, being a portion of Tract B of Short Plat No. MV-8-77, approved April 28, 1977, recorded April 28, 1977 in Volume 2 of Short Plats, page 53, under Auditor's File No. 855522, being a portion of the Southwest ¼ of Section 17, Township 34 North, Range 4 East, W.M., in Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

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# **NOTARY ACKNOWLEDGMENT**

7 // />		
STATE OF WASHIN	GTON )	
COUNTY OF	King )	
I certify that I know or		Rogelio Riojas
	The state of the s	on acknowledged that he/she signed this instrument, on
oath stated that he	e/she was authorized to exe	ecute the instrument and acknowledged it as the
CEO/Presid	lent of Sea-Ma.	r Community Health Center to
be the free and volun	ntary act of such party for the us	es and purposes mentioned in the instrument.
Dated: Augus	t 7 Zoiz	
·		(Signature) Michael Leona
(Seal or stamp)	HINTER SECTION	(Name legibly printed or stamped)
	MOTARY	Notary Public in and for the State of Washington residing at
	10016	My appointment expires 8-23-12
	OF WAS NIGHT	



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### NOTARY ACKNOWLEDGMENT

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74 m		
STATE OF WASHINGTON	)	
	)	
COUNTY OF KIM7	)	
		PAND CASOA
I certify that I know or have satisfa	re me, and said person	n acknowledged that he/she signed this instrument, on
		ute the instrument and acknowledged it as the to
be the free and voluntary act of s	such party for the use	s and purposes mentioned in the instrument.
Dated OY-DOR		
Dated OF OF OVE		<del></del>
Dated O O O O O O O O O O O O O O O O O O O		(Signature) CRA (SRA (SRA (SUN)ED)
(See For Alcamp)	anne de la company de la compa	(Name legibly printed or stamped)
CONTROL MASHING		
PUB 2014 5		Notary Public in and for the State of Washington residing at
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C OF W		My appointment expires 04-21-2019
	اني	

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