08/13/2021 08:38 AM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

AFTER RECORDING RETURN TO: Consumer Loan Servicing P.O. Box 1391 Walla Walla, WA 99362-2181



(Space Above This Line For Recording Data)

NMLS COMPANY IDENTIFIER: 439266 NMLS ORIGINATOR IDENTIFIER: 713585

MODIFICATION AGREEMENT - DEED OF TRUST

THIS MODIFICATION AGREEMENT ("Agreement") is made this 16th day of July, 2021, between Joshua Couey aka Joshua Warren Couey, whose address is 1733 Cascade Vista, Burlington, WA 98233. ("Grantor"), and Banner Bank - Burlington Branch whose address is 301 E Fairhaven Avenue, Burlington, Washington 98233 ("Lender").

Banner Bank - Burlington Branch and Grantor entered into a Deed of Trust dated June 15, 2020 and recorded on June 22, 2020, filed for record in records of County of Skagit, State of Washington, with recorder's entry number 202006220013 ("Deed of Trust"). The Deed of Trust covers the following described real property:

Address: 1733 Cascade Vista, Burlington, Washington 98233-2138

Legal Description:

Brief Legal: LOT 3, TRACT 38, VOLUME 8 OF PLATS, PAGE 9, SKAGIT COUNTY, WASHINGTON.

LOT 3, ???CASCADE VISTA ADDITION IN TRACT 38, ???PLAT OF THE BURLINGTON ACREAGE PROPERTY???, SKAGIT COUNTY WASHINGTON,??? AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel ID/Sidwell Number: Tax ID: 3874-000-003-0004, P64014

It is the express intent of the Grantor and Lender to modify the terms and provisions set forth in the Deed of Trust. Grantor and Lender hereby agree to modify the Deed of Trust as follows:

Increase Line of Credit limit from \$20,000.00 to \$40,000.00.

Grantor and Lender agree that the Deed of Trust including such changes, modifications, and amendments as set forth herein, shall remain in full force and effect with respect to each and every term and condition thereof and nothing herein contained shall in any manner affect the lien of the Deed of Trust on the Property. Nothing contained herein shall in any way impair the Deed of Trust or the security now held for the indebtedness thereunder, or alter, waive, annul, vary, or affect any provision, term, condition, or covenant therein, except as herein provided, nor affect or impair any rights, powers, privileges, duties, or remedies under the Deed of Trust it being the intent of Grantor and Lender that the terms and provisions thereof shall continue in full force and effect, except as specifically modified herein. Nothing in this Agreement shall constitute a satisfaction of the promissory note or notes, or other credit agreement or agreements secured by the Deed of Trust.

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Lender's consent to this Agreement does not waive Lender's right to require strict performance of the Deed of Trust modified above, nor obligate Lender to make any future modifications. Any guarantor or cosigner shall not be released by virtue of this Agreement.

If any Grantor who signed the original Deed of Trust does not sign this Agreement, then all Grantors signing below acknowledge that this Agreement is given conditionally, based on the representation to Lender that the non-signing person consents to the changes and provisions of this Agreement or otherwise will not be released by it. This waiver applies not only to any initial extension or modification, but also to all such subsequent actions.

This Agreement shall be binding upon the heirs, successors, and assigns with respect to parties hereto. Whenever used, the singular shall include the plural, the plural, the singular, and the use of any gender shall be applicable to all genders.

ORAL AGREEMENTS DISCLAIMER. This Agreement represents the final agreement between the parties and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the parties. There are no unwritten oral agreements between the parties.

By signing below, Grantor and Lender acknowledge that they have read all the provisions contained in this Agreement, and that they accept and agree to its terms.

Joshua W Couey

INDIVIDUAL ACKNOWLEDGMENT

STATE OF

WASHINGTON

COUNTY OF

Skaget

On this day personally appeared before me Joshua W Couey, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed the same as his/her free voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal this

Notary Public

My commission expires: 11 11 2022

Notary Public, in and for the state of Washington,

residing at

~~~

(Official Seal) Notary Public State of Washington

BECKY J DUVALL COMM. EXP. NOV. 11, 2022

COMM. #150908

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| By: Becky Duva                                                                                | ıll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                   | ;                                                                                                                                                                                                                                                                                                                                                                                  |
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| STATE OF                                                                                      | WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )                                                                                                      | ÷                                                                                                                                                                                                                                                                                                                                                                                  |
| COUNTY OF                                                                                     | Skagnt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                    |
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| In witness where                                                                              | eof, I hereunto set m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | y hand and, if app                                                                                     | plicable, official seal.                                                                                                                                                                                                                                                                                                                                                           |
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| Consumer Loan<br>P.O. Box 1391                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BY:                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |
| Walla Walla, W                                                                                | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |
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| © 2004-2021 Compliance<br>Modification Agreement -                                            | Systems, LLC 551f2fca-1f7bbec6<br>Real Estate Security Instrument I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 - 2021,21,28,2<br>0L6016 P                                                                           | Page 3 oF3 www.compliancesystems cor                                                                                                                                                                                                                                                                                                                                               |