

WHEN RECORDED, RETURN TO: Washington Federal 803 Main St Klamath Falls, OR 97601 Atm: Cheri Sandbeng

2014-010381

Klamath County, Oregon

10/07/2014 09:35:41 AM

Fee: \$47.00

Date09/26/2014	Loan No. 4152211
NOTICE OF MODIFICATI	ION OF DEED OF TRUST
NOTICE TO ALL PERSONS is given that	Washington Federal
as the Beneficiary/(Grantee) of that Deed of Trust d	ated <u>August 31,2005</u> ,
recorded under Klamath County OR in the Records of Klamath C	No. M05-63225 , ounty, State of Oregon
has, this date, modified the terms of the Note security Instrument"), as approved by Kevin	ured by the Deed of Trust ("the Loan Contract and
	, Grantor (or Successor Grantor)
under the Security Instrument as follows:	
Check "X" in the box opposite it and who	aragraph, which is highlighted by the mark of an se blank lines or spaces are filled in, is part of aragraph not so highlighted, is not part of this
The Maturity Date of the Loan Contract of from	
The purpose of this document is to provide record r of the loan contract and security instrument. It is n	notice, when required, of a modification in the terms not intended to nor shall it be deemed to alter in any on agreement between the grantor of the security
as homeficiary. Notice is given to all persons th	at, except for the terms of any loan modification
	and security instrument shall in all other respects
	Grantor(s)
WASHINGTON FEDERAL, N.A.	Karm C. Bulis
by: huri Tandbur	• /
Cheri Sandberg Title: Manager	Kevin C Bulis
- I Miller State	

(Next page for notary acknowledgments)

Page 1 of 2 pages.

LO122 OR 08/13/13

STATE OF CALIFORN IM )	
COUNTY OF KERI/ );	<b>55.</b>
Logrify that I know or have esticiated	ry evidence that KEVIN C BULIS
r certify diat i know of theve satisfacto	The state and the state of the
	[Name(s) of person(s)]
is/are the person(s) who appeared before	me, and said person(s) acknowledged that (he/she/they) signs
	chis/her/their) free and voluntary act for the uses and purpos
mentioned in the instrument.	
- 100-30-11	
Dated: 09-30-14	(Signature)
(Seal or Stamp)	(Signature)
(Scar of Statisty)	Notary Public in and for the State of CALIFORNI residing at UNASCO CA. 97290
	residing at V/11/20
	My commission expires $02-17-66$
STATE OF	
):	SS.
COUNTY OF	
I certify that I know or have satisfacto	es avidance that
	ly evidence that
	ry evaluate mat
	[Name(s) of person(s)]
is/are the person(s) who appeared before	[Name(s) of person(s)] me, and said person(s) acknowledged that (he/she/they) signs
is/are the person(s) who appeared before	[Name(s) of person(s)] me, and said person(s) acknowledged that (he/she/they) signe
is/are the person(s) who appeared before this instrument, on oath stated that (he/	[Name(s) of person(s)] me, and said person(s) acknowledged that (he/she/they) signs (she/they) was/were authorized to execute the instrument ar
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