AFN #2013000941 Recorded 05/06/2013 at 02:52 PM DocType: MODAG Filed by: RIVERVIEW BANK Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

RETURN ADDRESS:

Riverview Community Bank PO Box 872290 Vancouver, WA 98687-2290

MODIFICATION OF DEED OF TRUST

Reference # (if applicable): 2009173329

Additional on page ____

Grantor(s):

1. Tennison, Debra A

Grantee(s)

Riverview Community Bank

Legal Description: Lot 9, Block 8, Plat of Relocated North Bonneville

Additional on page 2

Assessor's Tax Parcel ID#: 02-07-20-3-4-0900-00

THIS MODIFICATION OF DEED OF TRUST dated April 17, 2013, is made and executed between Debra A Tennison, A Widow ("Grantor") and Riverview Community Bank, whose address is PO Box 872290, Vancouver, WA 98687-2290 ("Lender").

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MODIFICATION OF DEED OF TRUST (Continued)

Loan No: 4810015172

GRANTOR:

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DEED OF TRUST. Lender and Grantor have entered into a Deed of Trust dated July 13, 2009 (the "Deed of Trust") which has been recorded in Skamania County, State of Washington, as follows:

Recording # 2009173329, Recorded on 7-13-2009.

REAL PROPERTY DESCRIPTION. The Deed of Trust covers the following described real property located in Skamania County, State of Washington:

Lot 9, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 16, under Skamania County File No. 83446, in the County of Skamania, State of Washington.

The Real Property or its address is commonly known as 809 Celilo, North Bonneville, WA 98639. The Real Property tax identification number is 02-07-20-3-4-0900-00.

MODIFICATION. Lender and Grantor hereby modify the Deed of Trust as follows:

All Reference to "Variable Interest Rate" and revolving Line of Credit is eliminated.

Modifying Loan amount to: \$20,260.44

CONTINUING VALIDITY. Except as expressly modified above, the terms of the original Deed of Trust shall remain unchanged and in full force and effect. Consent by Lender to this Modification does not waive Lender's right to require strict performance of the Deed of Trust as changed above nor obligate Lender to make any future modifications. Nothing in this Modification shall constitute a satisfaction of the promissory note or other credit agreement secured by the Deed of Trust (the "Note"). It is the intention of Lender to retain as liable all parties to the Deed of Trust and all parties, makers and endorsers to the Note, including accommodation parties, unless a party is expressly released by Lender in writing. Any maker or endorser, including accommodation makers, shall not be released by virtue of this Modification. If any person who signed the original Deed of Trust does not sign this Modification, then all persons signing below acknowledge that this Modification is given conditionally, based on the representation to Lender that the non-signing person consents to the changes and provisions of this Modification 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.

GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MODIFICATION OF DEED OF TRUST AND GRANTOR AGREES TO ITS TERMS. THIS MODIFICATION OF DEED OF TRUST IS DATED APRIL 17, 2013.

LENDER: RIVERVIEW COMMUNITY BANK

RIVERVIEW COMMUNITY BANK
Authorized Officer

INDIVIDUAL ACKNOWLEDGME	INIT
	KATHY L MCKENZIE
STATE OF Mashington)	NOTARY PUBLIC
(Mariana) ss	STATE OF WASHINGTON COMMISSION EXPIRES
COUNTY OF SKUMUNIA	JANUARY 01, 2017

On this day before me, the undersigned Notary Public, personally appeared **Debra A Tennison**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in and who executed the Modification of Deed of Trust, and acknowledged that he or she signed the Modification as his or her free and voluntary act and deed, for the uses and purposes therein mentioned Mth

Given under, my trand and official seal this

day of

Residing at

Notary Public in and for the State of

My commission expires 200 17 201

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Loan No: 4810015172

MODIFICATION OF DEED OF TRUST (Continued)

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Notary Public In and for the State of ____ My commission expires

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