ity, State, Zip			
	Morte		Approhibitions of Success
	(STATUTO	RY FORM)	
eference # (If applicable):		100	
ererence # (if applicable): rantor(s): (1) rantees(s): (1)		(2)	
rantees(s): (1)		(2)	
dditional Grantor(s) on pg.	/	Additional Grantee(s) on p	9
egal Description (abbreviated):			
,		_ Additional legal(s) on pa	age
ssessor's Tax Parcel ID#			
HE MORTGAGOR			
nortgage to			
secure payment of the sum of			Dollars, (\$
ccording to the terms of promissory note d	ated		, the following described real estate
ituated in the County of	State	of Washington:	
	any installment o	Dollars, (\$ and renewals to the mortga of principal or interest sec indebtedness hereby sec	agee. ured hereby when due or to keep o
ayable, at the election of the mortgagee.			
payable, at the election of the mortgagee. Dated STATE OF WASHINGTON COUNTY OF	DATE:	STATE OF WASHINGT	ON
payable, at the election of the mortgagee. Dated STATE OF WASHINGTON	(JACE)	STATE OF WASHINGT COUNTY OF I certify that I know or h	ON ave satisfactory evidence that
ayable, at the election of the mortgagee. Dated	to me known cuted the within that bluntary act and	STATE OF WASHINGT COUNTY OF I certify that I know or h the person(s) who app acknowledged that (he cath stated that (he/e execute the instrument	ON ave satisfactory evidence that
ayable, at the election of the mortgagee. Dated	to me known cuted the within that soluntary act and ioned.	STATE OF WASHINGT COUNTY OF I certify that I know or h the person(s) who app acknowledged that (he execute the instrument	on ave satisfactory evidence thatit estand before me, and said person(s she/they) signed this instrument, or its/they) was (were) authorized to and acknowledged it as theit
STATE OF WASHINGTON COUNTY OF On this day personally appeared before me _ on be the individual described in and who exe and foregoing instrument, and acknowledged signed the same as free and vo- leed, for the uses and purposes therein ment aloved	to me known cuted the within that soluntary act and ioned.	STATE OF WASHINGT COUNTY OF I certify that I know or h the person(s) who app acknowledged that (he execute the instrument	ave satisfactory evidence thatis sared before me, and said person(s she/they) signed this instrument, or she/they) was (were) authorized to acknowledged it as the of be the free and voluntary act of suci
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Form 7225-1 (Rev. 12/96)

