

## COUNTY OF NEVADA HEALTH & HUMAN SERVICES AGENCY

950 Maidu Ave. Nevada City, California 95959

## HHSA Agency Director Michael Heggarty

Telephone (530) 265-1627 Fax (530) 265-2295

Department Directors
Phebe Bell, Behavioral Health
Jill Blake, MPA, Public Health
Mike Dent, MPA, Child Support Services/Collections and
Housing & Community Services
Tex Ritter, JD, Social Services

## PROMISSORY NOTE MODIFICATION AGREEMENT

	y Note Modification Agreement is made an Nevada County Housing Development	d entered into on, Corp (the "Borrower(s)), and the County of Nevada
(\$195,000.00), Deed of Trust d	evidenced by a Promissory Note dated	e sum of One Hundred Ninety-Five Thousand dollars, November 14, 1997 , and secured under that certain ed onDecember 10, 1997 in the office of the 197034045 of Official Records.
WHEREAS, the	parties hereto desire to modify said Prom	issory Note as hereinafter provided.
	ORE, it is hereby agreed upon by and bet r said above described Note be modified a	ween the parties herein above named that the s follows:
1)	The maturity date shall be extended to De	ecember 31, 2039;
2)	allowable annual low and very low income	complete compliance with retaining rents within the e categories limits set under the Community loan including principal and interest shall be forgiven;
3)	The borrower shall annually certify to the were met;	County that compliance with the above rent limitations
4)	That in all other respects, the terms and cagreement shall remain the same and in the same and	conditions under said Note, Deed of Trust and loan full effect.
This agreement	has been duly executed by the undersign	ed as of this date.
Nevada County	Housing Development Corp.	County of Nevada
By: Jennifer I Chief Exe	Price ecutive Officer	By: Mike Dent, Director Housing and Community Services

## **ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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State of California County of	)	—	
On	before me,(insert	name and title of the officer)	
instrument and acknowled	dged to me that he/she/they executed the	, who (s) whose name(s) is/are subscribed to the withir same in his/her/their authorized capacity(ies), an the entity upon behalf of which the person(s) act	d
I certify under PENALTY correct.	OF PERJURY under the laws of the State	of California that the foregoing paragraph is true	and
WITNESS my hand and o	fficial seal.		