



200302240189
Skagit County Auditor

2/24/2003 Page 1 of 2 11:06AM

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State of Washington

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REFERENCE # 20030232200238 ACCOUNT #: 0654-654-6133223-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is
02/04/2003 and the parties are as follows:

TRUSTOR ("Grantor"): RONALD A. WOLDEN AND DORICE E. WOLDEN, HUSBAND AND WIFE

whose address is:

17156 PETERSON ROAD BURLINGTON, WA, 98233

TRUSTEE: **Wells Fargo Financial National Bank**
c/o Specialize Service
401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"): Wells Fargo Bank, N. A.
P. O. BOX 31557
BILLINGS, MT 59107

2. **CONVEYANCE.** For good and valuable consideration, the receipt and sufficiency of which is acknowledged, and to secure the Secured Debt (defined below) and Grantor's performance under this Security Instrument, Grantor irrevocably grants, conveys and sells to Trustee, in trust for the benefit of Lender, with power of sale, all of that certain real property located in the County of SKAGIT, State of Washington, described as follows:

LOT 62, VEDERE TERRACE, SKAGIT COUNTY, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 84, RECORDS OF SKAGIT COUNTY, WASHINGTON.

ABBREVIATED LEGAL: LOT 62, VERDERE TERRACE, VOLUME 2, PAGE 84.

with the address of 17156 PETERSON ROAD BURLINGTON, WA 98233
and parcel number of P 70203 together with all rights,
easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

and water stock and all existing and future improvements, structures, fixtures, and replacements that may now, or at any time in the future, be part of the real estate described above.

- 3. **MAXIMUM OBLIGATION LIMIT AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$50,000.00 together with all interest thereby accruing, as set forth in the promissory note, revolving line of credit agreement, contract, guaranty or other evidence of debt ("Secured Debt") of even date herewith, and all amendments, extensions, modifications, renewals or other documents which are incorporated by reference into this Security Instrument, now or in the future. The maturity date of the Secured Debt is 02/04/2043
- 4. **MASTER FORM DEED OF TRUST.** By the delivery and execution of this Security Instrument, Grantor Agrees that all provisions and sections of the Master Form Deed of Trust ("Master Form"), inclusive, dated February 1, 1997 and recorded on February 6, 1997 as Auditor's File Number 9702060051 in Book 1626 at Page 0614 of the Official Records in the Office of the Auditor of SKAGIT County, State of Washington, are hereby incorporated into, and shall govern, this Security Instrument.
- 5. **USE OF PROPERTY.** The property subject to this Security Instrument is not used principally for agricultural or farming purposes.

RIDERS. If checked, the following are applicable to this Security Instrument. The covenants and agreements of each of the riders checked below are incorporated into and supplement and amend the terms of this Security Instrument.

- Third Party Rider
- Leasehold Rider
- Other

SIGNATURES: By signing below, Grantor agrees to perform all covenants and duties as set forth in this Security Instrument. Grantor also acknowledges receipt of a copy of this document and a copy of the provisions contained in the previously recorded Master Form (the Deed of Trust-Bank/Customer Copy).

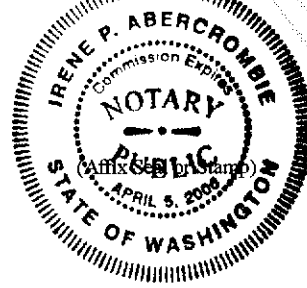
<u>[Signature]</u> RONALD A WOLDEN	Grantor	<u>2/4/3</u> Date
<u>[Signature]</u> DORICE E WOLDEN	Grantor	<u>2/4/3</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

ACKNOWLEDGMENT:

(Individual)
 STATE OF WASHINGTON, COUNTY OF ISLAND } ss.
 I hereby certify that I know or have satisfactory evidence that RONALD A. AND DORICE E WOLDEN
 _____ is/are the

person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 2-4-2003
[Signature]
 (Signature)
IRENE P. ABERCROMBIE, HMC ASOL.
 (Print name and include title)
 My Appointment expires: 4-5-2006



EQ249B (06/2)



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