



200302270093

Skagit County Auditor

2/27/2003 Page 1 of 2 10:26AM

Recording Requested by:  
Wells Fargo Bank  
When Recorded Return to: Fidelity National LPS  
P. O. BOX 19523  
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State of Washington

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REFERENCE # 20030087000404 ACCOUNT #: 0654-654-6230210-1998

**SHORT FORM DEED OF TRUST**

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is  
02/08/2003 and the parties are as follows:

TRUSTOR ("Grantor"):  
ROBYN RUSHING, A SINGLE WOMAN

whose address is:

1686 LAKE SAMISH ROAD BELLINGHAM, WA, 98226

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:

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN THE CITY OF BELLINGHAM, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 2 OF SHORT PLAT NO. 25-84, APPROVED JUNE 18, 1984, RECORDED JUNE 18, 1984 UNDER AUDITOR'S FILE NO. 8406180069 IN VOLUME 6 OF SHORT PLATS, PAGE 157, UNDER AUDITOR'S FILE NO. 8406180069, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 AND THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN.

with the address of 1686 LAKE SAMISH ROAD BELLINGHAM, WA 98226  
and parcel number of P49035 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 \$10,000.00 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 02/08/2028
- 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>Robyn Rushing</u> ROBYN RUSHING	Grantor	<u>2-11-03</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

**ACKNOWLEDGMENT:**

(Individual)  
 STATE OF Washington, COUNTY OF Whatcom } ss.  
 I hereby certify that I know or have satisfactory evidence that Robyn Rushing

\_\_\_\_\_ 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: February 11, 03  
Maxine M O'Brien  
 (Signature)  
Maxine M O'Brien, Notary  
 (Print name and include title)  
 My Appointment expires: 7.27.05

