

Return Address: Wells Fargo Bank, N.A. P. O. BOX 31557 BILLINGS, MT 59107 DOCUMENT MANAGEMENT State of Washington

Space Above This Line For Recording Data

REFERENCE # 20050067400531 ACCOUNT #: 0651-651-7620853-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 01/11/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
EMILY A. STEWART AND KRISTOPHER J. STEWART, WIFE AND HUSBAND

whose address is: 17152 TROUT DR MOUNT VERNON, WAS

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. 0. BOX 31557 BILLINGS, MT 59107

For good and valuable consideration, the receipt and sufficiency of which is CONVEYANCE. 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 SKAG FT , State of Washington, described as follows:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON: LOT 91, NOOKACHAMP HILLS PUD, PHASE LIA, AS PER PLAT RECORDED SEPTEMBER 15, 2003 UNDER SKAGIT COUNTY AUDITOR'S FILE NO.

200309150157.

with the address of 17152 TROUT DRIVE MOUNT VERNON, WA 98274 and parcel number of P120771 together with all easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches. EQ249A (12/2004) WASHINGTON - DEED OF TRUST 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 \$73,000.00 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 01/11/2045
- 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.

N/A Third Party Rider

N/A Leasehold Rider

N/A Other N/A

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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).

9 milis astewnt		1/11/05
MILY A STEWART	Grantor	Date
Ltop & 5th		1/11/05
KRISTOPHER J STEWART	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF, COUNTY OF I hereby certify that I know or have satisfactory evidence that	Skagt Emily	ss. Kristopher
J- Stewart		is/are the
person(s) who appeared before me and said person(s) acknowledges		
acknowledged it to be his/her/their free and voluntary act for Dated:  (Signature)	f the uses and purposes n	entioned in the instrument.
Pamela G. Alarida	**************************************	
(Print name and include title) My Appointment expires: 1 20 /2005	NQTANTS STATE OF V	YARHINGTON
	PAMELA G	i. ALDRIDGE expires Nov 20, 2005
	English server and the state of the	

EQ249C (12/2004)

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## ALL-PURPOSE ACKNOWLEDGEMENT

State of Wa	_, Shagit	County} ss:
On 11 (2025)	before me, Pame	a Aldvidge
Personally appeared	Emily A. +	Kristophel-J
5 tewart	· <u> </u>	
satisfactory evidence to be the within instrument and	to me -OR- proved to be the person(s) whose name d acknowledged to me that he outhorized capacity(ies), and	(s) is/are subscribed to e/she/they executed the
signature(s) on the instr	ument the person(s), or the l, executed the instrument.	entity upon behalf of
which the person(s) acted	i, executed the mistrument.	
		e productive security
WITNESS my hand and	official seal.	
Signature: 1 am	ch D. Trany	(notary seal) NOTARY PUBLIC
Pamela G. A	dvidge	STATE OF WASHINGTON PAMELA G. ALDRIDGE
Name (typed or printed	) /	My Applietment Expires No. 20, 2005
Personal Ban		
Title (and rank, if appli	cable)	
My Commission Expire	es: 11/20/2015	
		2 0 0 5 0 2 0 3 0 0 3 4 Skagit County Auditor

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