



200507280125

Skagit County Auditor

7/28/2005 Page

1 of

5 10:37AM

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 # 20061097401176 ACCOUNT #: 0651-651-8191832-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 05 / 13 / 2005 and the parties are as follows:

TRUSTOR ("Grantor"):

EDWIN A. MELENDEZ, SR., HUSBAND OF THE GRANTOR AND GAYE V. MELENDEZ,
NON VESTED SPOUSE

whose address is: 3107 OAKES AVE ANACORTES, WA, 98221

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 1 THROUGH 5, BLOCK 602, NORTHERN PACIFIC ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 2 OF PLATS, PAGE 9 THROUGH 11, RECORD OF SKAGIT COUNTY, WASHINGTON. LOT 1-5, BLOCK 602, NORTHERN PACIFIC

with the address of 3107 OAKES AVE ANACORTES, WA 98221

and parcel number of 3809-602-010-0008

easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

together with all rights,

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 \$30,000.00 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 05/13/2045
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.


Third Party Rider

Leaschold Rider

Other N/A

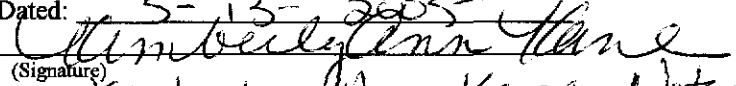


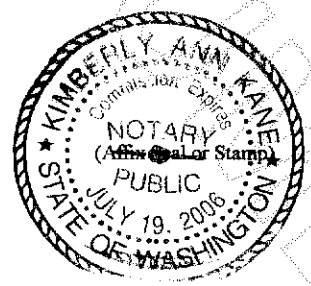
SIGNATURES: By signing below, Grantor agrees to perform all covenants and duties as set forth in this Security Instrument. Grantor also acknowledges receipt of a copy of this document and a copy of the provisions contained in the previously recorded Master Form (the Deed of Trust-Bank/Customer Copy).

	_____	5-13-05
EDWIN A MELENDEZ, SR	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date

ACKNOWLEDGMENT:

(Individual)
STATE OF Washington, COUNTY OF Skagit
I hereby certify that I know or have satisfactory evidence that Edwin A Melendez Sr 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: 5-13-2005

(Signature)
Kimberly Ann Kane, Notary
(Print name and include title)
My Appointment expires: July 19, 2006



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).

SIGNED IN COUNTERPART

EDWIN A MELENDEZ, SR	Grantor	Date
<u>Gaye V. Melendez</u> GAYE MELENDEZ GAYE V. MELENDEZ	Grantor	5-13-05 Date
_____	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date

ACKNOWLEDGMENT: SEE ATTACHED
(Individual)
STATE OF Washington, COUNTY OF Skagit } ss.
I hereby certify that I know or have satisfactory evidence that Gaye Melendez
_____ 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: 5-13-05
Kimberly Ann Kane
(Signature) _____
Kimberly Ann Kane, Notary
(Print name and include title)
My Appointment expires: July 19, 2006

(Affix Seal or Stamp)



ALL-PURPOSE ACKNOWLEDGEMENT

State of Washington, Skagit County} ss:

On 5-13-2005 before me, Kimberly Ann Kane

Personally appeared Gaye V. Melendez

Personally known to me -OR- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: *Kimberly Ann Kane*

(notary seal)

KIMBERLY ANN KANE

Name (typed or printed)

My Commission Expires: July 19, 2006



200507280125
Skagit County Auditor