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

State of Washington

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REFERENCE # 20060122200103 ACCOUNT #: 0650-650-1112556-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 04/04/2006 and the parties are as follows:

TRUSTOR ("Grantor"):
JOSH D. SCHAFER AND HEATHER D. SCHAFER, FORMERLY KNOWN AS HEATHER D. MOE, HUSBAND AND WIFE

whose address is: 1906 ISLAND VIEW PL ANACORTES, WAS

TRUSTEE: Wells Fargo Financial National Bank

2324 Overland Ave., BILLINGS, MT 59102

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

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 SKAG-IT , State of Washington, described as follows:
THE EAST 40 FEET OF LOT 4 AND THE WEST 45 FEET OF LOT 3, 'THE PLAT OF ISLAND VIEW PARK NO. 2, ANACORTES, WASHINGTON', AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 78, RECORDS OF SKAGIT COUNTY, WASHINGTON ABBREVIATED LEGAL: E40FT OF LOT 4 AND W45FT OF LOT 3, ISLAND VIEW PARK NO. 2, VOL 7, PG 78.

with the address of 1906 ISLAND VIEW PLACE ANACORTES, WA 98221 and parcel number of P57655 AND P99189 together easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, WASHINGTON - DEED OF TRUST EQ249A (11/2005)

- 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 \$100,000.00 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 04/04/2046
- 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.
 - M/A Third Party Rider
 - N/A Leasehold Rider
 - M/A 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).

HEATHER D SCHAFER		4/4/06
admant Shale	Grantor	04/04/04
JOSH D SCHAFER	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual)	Grantor	Date
STATE OF Washington, County OF = I hereby certify that I know or have satisfactory evidence that Heather D Schafer and Jish	A Stranger of Jacobs	is/are the
person(s) who appeared before me and said person(s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be his/her/their ree and voluntary act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged it to be act for the said person (s) acknowledged i	vledged that he/she the	signed this instrument and
Dated: April H, 2006 MULLIU EUJOUNS (Signature) Hore Sate Young (Print name and include title) My Appointment expires: 137607	THERESA E. YOU STATE OF WASHINI NOTARY PUE MY COMMISSION EXPIRES (Affix	STON

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