



200607170071

Skagit County Auditor

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

State of Washington Space Above This Line For Recording Data

REFERENCE # 20060877100632 ACCOUNT #: 0651-651-0132639-1998

### SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 06/09/2006 and the parties are as follows:

TRUSTOR ("Grantor"):  
LARS U. NILSSON AND JUDY K. NILSSON, HUSBAND AND WIFE

whose address is: 14172 MADRONA DR ANACORTES, WA, 98221

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

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:

PARCEL A: THE EAST 67.6 FEET OF TRACT 25, AS MEASURED ALONG THE NORTH LINE OF SAID LOT, SUNSET WEST, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 98 AND 99, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN SKAGIT COUNTY, WASHINGTON. PARCEL B: TRACT 26, SUNSET WEST, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 98 AND 99, RECORDS OF SKAGIT COUNTY, WASHINGTON. ABBREVIATED LEGAL: PTN LOT 25, 26 SUNSET WEST

with the address of 14172 MADRONA DRIVE ANACORTES, WA 98221

and parcel number of P69943 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

EQ249A (11/2005)

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 \$ 53,000.00 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 06/09/2046
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.

- Third Party Rider  
 Leasehold 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).

LARS U NILSSON Grantor 6/16/06 Date

JUDY R NILSSON Grantor 6/16/06 Date

\_\_\_\_ Grantor \_\_\_\_\_ Date

\_\_\_\_ Grantor \_\_\_\_\_ Date

\_\_\_\_ Grantor \_\_\_\_\_ Date

\_\_\_\_ Grantor \_\_\_\_\_ Date

**ACKNOWLEDGMENT:**

(Individual)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ } ss.

I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name and include title)

My Appointment expires: \_\_\_\_\_

(Affix Seal or Stamp)



# All-purpose Acknowledgment

STATE OF Washington, COUNTY OF Skagit

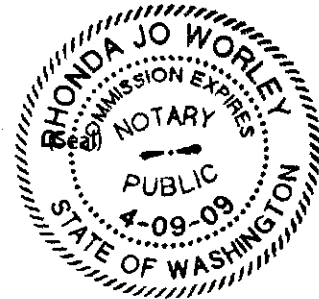
On June 16, 2006 before me, the undersigned, a Notary Public  
in and for said State, personally appeared

Lars Nilsson and Judy R. Nilsson

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 Rhonda Jo Worley  
Name (type or printed) RHONDA JO WORLEY  
My commission expires: 04-09-09



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