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\*199911150005\*

Kathy Hill, Skagit County Auditor  
11/15/1999 Page 1 of 2 8:58:36AM

Return Address:

Wells Fargo Bank, N.A.  
Attn: Lien Perfection  
P.O. Box 5140  
Portland, OR 97208-5140

State of Washington

Space Above This Line For Recording Data

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## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Form Deed of Trust ("Security Instrument") is  
10-29-1999 and the parties are as follows:

**TRUSTOR ("Grantor"):**

SAMUEL D. MCDONALD AND KATHLEEN A. MCDONALD, HUSBAND AND  
WIFE

whose address is:

1409 10TH ST ANACORTES, WA 98221

**TRUSTEE: WELLS FARGO BANK (ARIZONA), N.A., 4832 East McDowell Rd., Phoenix, AZ 85008**

**BENEFICIARY ("Lender"): WELLS FARGO BANK, N.A.**

**18700 NW Walker Rd., Bldg. 92  
Beaverton, OR 97006**

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 WEST 20 FEET OF LOT 4 AND ALL OF LOT 5, BLOCK 114, MAP OF THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 4, IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON.

with the address of 1409 10TH ST ANACORTES, WA 98221  
and parcel number of P55729 3772-114-005-0004, 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 AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$ 18,000.00 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 30 years from the date of the Secured Debt, or such lesser period as may be provided. The Secured Debt is a revolving line of credit.

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 06, 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.

**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).

Samuel D McDonald

SAMUEL D MCDONALD

Grantor

10/30/99

Date

Kathleen A McDonald

KATHLEEN A MCDONALD

Grantor

10-30-99

Date

Grantor

Date

Grantor

Date

**ACKNOWLEDGMENT:**

(Individual)

STATE OF Wash, COUNTY OF Skagit } ss.

I hereby certify that I know or have satisfactory evidence that

Samuel D McDonald & Kathleen A McDonald

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: 10-30-99

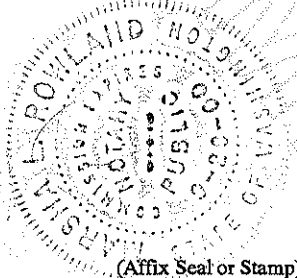
Marsha L. Rowland

(Signature)

Marsha L. Rowland

(Print name and include title)

My appointment expires: 09-29-00



**\*199911150005\***