

When recorded mail to:  
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Attn: Lien Perfection  
P.O. Box 5140  
Portland, OR 97208-5140~~



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Kathy Hill, Skagit County Auditor  
6/22/2000 Page 1 of 2 9:27:41AM

State of Washington

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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  
06-09-2000 and the parties are as follows:

**TRUSTOR ("Grantor"):**

ROBBIN L. FREEMAN II AND JENNIFER D. FREEMAN, HUSBAND AND WIFE, WHO  
ACQUIRED TITLE AS ROBBIN L. FREEMAN II AND JENNIFER BATY, BOTH UNMARRIED  
INDIVIDUALS

whose address is:

917 VERA CT MT VERNON, WA 98273

**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:

LOT 22, 'PLAT OF BRITTWOOD', ACCORDING TO THE PLAT THEREOF RECORDED IN  
VOLUME 15 OF PLATS, PAGES 31 AND 32, RECORDS OF SKAGIT COUNTY, WASHINGTON.


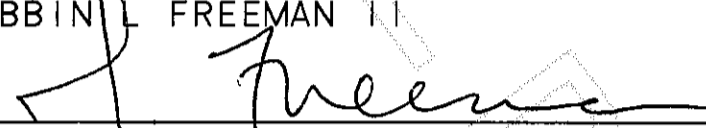
with the address of 917 VERA COURT MT VERNON, WA 98273  
and parcel number of 4578-000-022-0001, together with all rights, easements,  
appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock  
and all existing and future improvements, structures, 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 \$ 11,500.00 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 06-15-2015

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).

	_____	6/9/00
ROBBIN L. FREEMAN II	Grantor	Date
	_____	6/9/00
JENNIFER D. FREEMAN	Grantor	Date
_____	Grantor	Date
_____	Grantor	Date

**ACKNOWLEDGMENT:**

(Individual)


STATE OF Washington, COUNTY OF Snohomish ss.

I hereby certify that I know or have satisfactory evidence that

Robbin L. Freeman II and Jennifer D. Freeman  
\_\_\_\_\_ is/are the

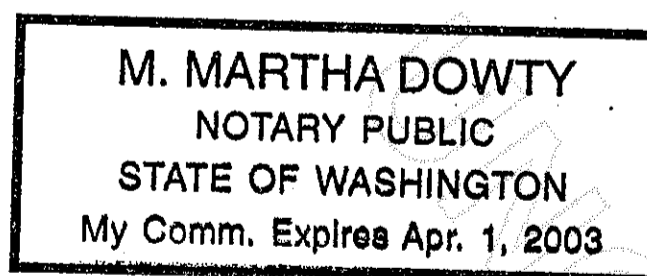
person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: June 9, 2000

  
(Signature)

M. Martha Dowty, Notary  
(Print name and include title)

My appointment expires: 4-1-2003



(Affix Seal or Stamp)

