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When recorded mail to:
Fidelity National
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2520 N. Redhill Avenue, Ste 120
Santa Ana, CA 92705 Code: WFD

200108030109 , skagit County Auditor 8/3/2001 Page 1 of 2 10:52:37AM

Return Address:
WELLS FARGO BANK, N.A.
P.O. BOX 514U
PORTLAND, OR 97208
LIEN PERFECTION

Space Above This Line For Recording Data____

REFERENCE # 20011802600353

ACCOUNT #: 0651-651-1203568-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 07/10/2001 and the parties are as follows:

TRUSTOR ("Grantor"):

JOHN L. ANDERSON, A SINGLE INDIVIDUAL

State of Washington

whose address is:

1613 12TH ST ANACORTES, WA, 98221

TRUSTEE: Wells Fargo Financial National Bank

c/o Specialize Service

401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"): WELLS

WELLS FARGO BANK, N.A.

P.O. BOX 5140

PORTLAND, OR 97208

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 FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

THE WEST 10 FEET OF LOT 6, AND ALL OF LOT 7, BLOCK 5, 'MUNK'S FIRST QUEEN ANNE ADDITION', ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 3 OF PLATS, PAGE 1, RECORDS OF SKAGIT COUNTY, WASHINGTON.

with the address of 1613 12TH ST ANACORTES, WA 98221
and parcel number of P58019 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

EQ249A (10/2000)

WASHINGTON – DEED OF TRUST

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 \$20,000.00 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 07/20/2016
 - 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.

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).

Share L. A. Janes		7-13-1
JØN L ANDERSON	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT:	and the second s	·
(Individual) STATE OF <u>Jashuraton</u> , COUNT	VOE Skapit	} ss. ○
I hereby certify that I know or have satisfactory eviden		5 ss.
John L. Anderson		
•		is/are the
person(s) who appeared before me and said person(s)		
acknowledged it to be his/her/their free and voluntary Dated:7 - 13 - 01	act for the uses and purposes men	tioned in the instrumen
- / Dacke	9 1	
(Signature) M. Sparks		
(Print name and include title) My Appointment expires: 9 - 29-02		
My Appointment expires: 9-29-03	(Affix/Seal	OF Stamp)
EQ249B (10/2000)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. Hallar (10) 11/1) are 10 10 10 10 10 10 10 10 10 10 10

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