



200108100333

, Skagit County Auditor

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Return Address:

WELLS FARGO BANK, N.A.
P.O. BOX 5140
PORTLAND, OR 97208
LIEN PERFECTION

State of Washington

ISLAND TITLE COMPANY

A207041

Space Above This Line For Recording Data

REFERENCE # 20011572600046 ACCOUNT #: 0651-651-1308904-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is
08/06/2001 and the parties are as follows:

TRUSTOR ("Grantor"): DON L ROBERTSON, TRUSTEE OF THE ROBERTSON FAMILY TRUST
DATED DECEMBER 3, 1971

whose address is:

4813 HARBOR VIEW PL ANACORTES, WA, 98221

TRUSTEE: **Wells Fargo Financial National Bank**
c/o Specialize Service
401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"): **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:

LOT 5, HARBOR VIEW ESTATES, ACCORDING TO THE PLAT THEREOF, RECORDED IN
VOLUME 15 OF PLATS, PAGES 117 AND 118, RECORDS OF SKAGIT COUNTY, WASHINGTON

with the address of 4813 HARBOR VIEW PLACE ANACORTES, WA 98221
and parcel number of 4613-000-005-0004 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 LIMIT AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$413,909.63 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 08/20/2031.
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).

<u>Don L. Robertson</u> DON L. ROBERTSON, TRUSTEE	Grantor	<u>8/7/01</u> Date
_____	Grantor	_____ Date
<u>Mary L. Robertson</u> MARY L. ROBERTSON, TRUSTEE	Grantor	<u>8/7/01</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

ACKNOWLEDGMENT:

(Individual)

STATE OF Washington, COUNTY OF Skagit } ss.

I hereby certify that I know or have satisfactory evidence that

DON L. ROBERTSON & MARY L. ROBERTSON

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: 8-7-01

(Signature)

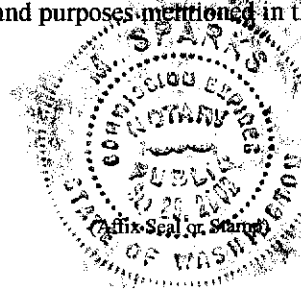
(Print name and include title)

My Appointment expires: 9-29-02

EQ249B (10/2000)



200108100333
Skagit County Auditor



ILLEGIBLE NOTARY SEAL DECLARATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE NOTARY SEAL ON THE DOCUMENT TO WHICH THIS STATEMENT IS ATTACHED READS AS FOLLOWS:

Name of
Notary:

M. Sparks

Commission
Number:

—

Commission
Expires:

9-29-02

Date & Place of
Notary Execution:

8-7-01

Skagit County, WA

Date & Place of
This Execution:

8-8-01

Washington County, OR



Signature

WELLS FARGO BANK, N.A.

Revised 7-17-00



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