



200108280033

, Skagit County Auditor

8/28/2001 Page 1 of 3 10:09:08AM

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REFERENCE # 20011872200299 ACCOUNT #: 0651-651-1277812-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is
07/27/2001 and the parties are as follows:

TRUSTOR ("Grantor"): MALCOLM W. SCRIBNER AND MARJORIE J. SCRIBNER AS TRUSTEES
UNDER THAT
CERTAIN DECLARATION OF TRUST DATE 1-25-93

whose address is:

2207 10TH ST PO BOX 212 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:

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN THE COUNTY OF SKAGIT,
STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOTS 4 AND 5, BLOCK 202, 'ORIGINAL MAP OF THE CITY OF ANACORTES'

with the address of 2207 10TH ST ANACORTES, WA 98221
and parcel number of 2471-006-008 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 \$50,000.00 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 07/27/2031.
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>Marjorie J. Scribner</u> MARJORIE J. SCRIBNER TRUSTEE	Grantor	<u>7/30/01</u> Date
<u>Malcolm W. Scribner</u> MALCOLM W. SCRIBNER TRUSTEE	Grantor	<u>7/30/01</u> Date
_____	Grantor	_____ 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

MARJORIE J. SCRIBNER & MALCOLM W. SCRIBNER

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: 7-30-01

(Signature)

(Print name and include title)

My Appointment expires: 9-29-02

EQ249B (10/2000)

(Affix Seal or Stamp)



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Skagit County Auditor

CERTIFICATION OF TRUST

(for trusts located in all states except Oregon)

Reference Number: 20011872200299

Account Number: 0651-651-1277812-0001

This Certification is made by the undersigned (individually or collectively, "Trustee"), in his or her capacity as a trustee of the _____ (the "Trust") for the benefit of _____ ("Bank"). Trustee certifies, represents and warrants as follows:

WELLS FARGO BANK, N.A.

1. In connection with credit extended or to be extended by Bank to
MARJORIE J. SCRIBNER
MALCOLM W. SCRIBNER

the Trustee has executed or shall execute documentation which provides for the Trustee, inter alia, to (check as applicable):

- (A) ☐ Borrow money;
- (B) ☒ Grant to Bank a security interest and/or lien in all or certain assets of the Trust.
2. Trustee has the authority to enter into the transaction with the respect to which this Certification is being delivered, and the transaction will create a binding obligation on the assets of the Trust.
 3. All information contained in this certification is true and correct, and Bank as a third party conducting business with the Trustee may rely on this information until the Bank receives written notice of any changes signed by the Trustee.
 4. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained in this certification to be incorrect.
 5. This certification is signed by all of the currently acting trustees of the Trust.
- The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this certification was executed at _____.

Trustee(s) of Trust

By: Marjorie J. Scribner Date: 7/30/01

By: Malcolm W. Scribner Date: 7/30/01

By: _____ Date: _____

By: _____ Date: _____

THIS FORM CAN ONLY BE USED FOR A REVOCABLE TRUST

STATE OF Washington

Skagit County

On 7-30-01 before me, M. Sparks Notary Public, personally appeared:
MARJORIE J. & MALCOLM W. SCRIBNER

☒ 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: M. Sparks

Name (typed or printed) M. Sparks

My commission expires: 9-29-02



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, Skagit County Auditor