200111150046 , Skagit County Auditor 11/15/2001 Page 1 of 2 10:09:05AM

When recorded mell to: Fidelity National Loan Portfolio Solutions 15661 Redhill Ave. Suite 200 Tustin, CA 92780 Code: WFD

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

Space Above This Line For Recording Data

REFERENCE # 20012762600345

ACCOUNT #: 0651-651-1506609-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 10/09/2001 and the parties are as follows:

TRUSTOR ("Grantor"):

RALPH E. LAUZON AND SUSAN R. LAUZON, HUSBAND AND WIFE

whose address is:

1907 23RD ST ANACORTES, WA, 98221

TRUSTEE: Wells Fargo Financial National Bank

c/o Specialize Service

State of Washington

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 SKAGTT , State of Washington, described as follows:

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

LOT 69, 'ISLAND VIEW PARK' AS PER PLAT RECORDED IN VOLUME 7 OF PLATS AT PAGE 38, IN THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

with the address of 1907-23RD ST ANACORTES, WA 98221
and parcel number of P57601 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

WASHINGTON – DEED OF TRUST

EQ249A (10/2000)

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 \$13,000.00 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 10/09/2031
- 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).

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July Tyn			10-11-01
RALPH & LAUZUN		Grantor	Date
Susone fauxo	<u> </u>		10-11-01
SUSAN R LAUZON V		Grantor	Date
		Grantor	Date
		Grantor	Date
		Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF WAShingto Lhereby certify that I know or have	COUNTY OF Satisfactory evidence that	Grantor Skary 1	Date } ss.
person(s) who appeared before m acknowledged it to be his/her/their Dated:			
Signature) (Signature) (Print plane and include title)	Radard Sidand	in in its angle in the initial in the initial initial in the initial i	HILLIANN AO

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My Appointment expires:



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