

Skagit County Auditor

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

Return Address:

Wells Fargo Bank N.

P 0 BOX 31557

BILLINGS, MI 59107

DOCUMENT MANAGEMENT

State of Washington

Space Above This Line For Recording Data____

REFERENCE # 20021657000067

ACCOUNT #: 0654-654-3083535-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is

06/24/2002

and the parties are as follows:

TRUSTOR ("Grantor"):

JOHN S. LEWIS AND RUTH A. LEWIS, HUSBAND AND WIFE

whose address is:

3773 W SALLEE RD TUCSON, AZ, 85745

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 31557
BILLINGS, MT 59107

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 SKAGLT, State of Washington, described as follows:

THE REAL PROPERTY LOCATED IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
THE WESTERLY 70 FEET OF THE EASTERLY 234.93 FEET OF BLOCK 1108, NORTHERN PACIFIC ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLAT, PAGE 9 THROUGH 11, RECORDS OF SKAGIT COUNTY, WASHINGTON; (BEING KNOWN AS LOT 16, SURVEY RECORDED IN VOLUME 1 OF SURVEYS, PAGE 168 AND 169, AUDITORS FILE NO. 9109090003.) RECORDS OF SKAGIT COUNTY, WASHINGTON.

with the address of 3613 4TH ST ANACORTES, WA 98221
and parcel number of 3809-108-008 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

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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. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security together with all interest thereby Instrument will secure shall not exceed \$178,000.00 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 06/24/2042 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"), as Auditor's File Number inclusive. dated February 1, 1997 and recorded on February 6, 1997 9702060051 in Book 1626 at Page 0614 of the Official Records County, State of Washington, are hereby in the Office of the Auditor of SKAGIT incorporated into, and shall govern, this Security Instrument. USE OF PROPERTY. The property subject to this Security Instrument is not used principally for agricultural or farming purposes. RIDERS. If checked, the following are applicable to this Security Instrument. The covenants and agreements of each of the riders checked below are incorporated into and supplement and amend the terms of this Security Instrument. N/A Third Party Rider NA Leasehold Rider N/A Other 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). JOHN S Grantor RUTH A LEWIS Grantor Date Grantor Grantor Date Grantor Date Grantor Date ACKNOWLEDGMENT: (Individual) COUNTY OF I hereby certify that I know or have satisfactory evidence that Lewis person(s) who appeared before me and said person(s) acknowledged that he/she/she/she signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes

(Signature) Sparks

(Print name and include title)
My Appointment expires: 9-39-02

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