



200211180189

Skagit County Auditor

11/18/2002 Page 1 of 4 10:47AM

Requested By: Wells Fargo Home Equity

**When Recorded Mail to:**

**Fidelity National -LPS**

P.O. BOX 19523 IRVINE CA 92623-9523

**WFSRP1**

State of Washington

Space Above This Line For Recording Data

**REFERENCE #** 20022567000079

**ACCOUNT #:** 0654-654-4434846-0001

**SHORT FORM DEED OF TRUST**

**(With Future Advance Clause)**

**1. DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 10/10/2002 and the parties are as follows:

**TRUSTOR ("Grantor"):**

ROBBY PROPST, A SINGLE PERSON AND BRIAN QUIGLEY, A SINGLE PERSON

whose address is:

5676 PATRICIA LN 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 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 SKAGIT, State of Washington, described as follows:

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

LOT 3 OF SKAGIT COUNTY SHORT PLAT NO. 17-85, AS APPROVED JUNE 19, 1986, AND RECORDED JULY 5, 1986, IN VOLUME 7 OF SHORT PLATS, PAGES 96 AND 97, UNDER AUDITOR'S FILE NO. 9607090008, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 36, TOWNSHIP 35 NORTH, RAGE 1 EAST OF THE WILLAMETTE MERIDIAN.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

with the address of 5676 PATRICIA LN ANACORTES, WA 98221

and parcel number of P32671

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 \$117,018.33 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 11/01/2017.
- 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.

**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.

- Third Party Rider
- Leasehold Rider
- 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).

----- FOR CLARIFICATION PURPOSES ONLY -----

|                        |         |       |      |
|------------------------|---------|-------|------|
| _____<br>BRIAN QUITLEY | Grantor | _____ | Date |
| _____<br>ROBBY PROPST  | Grantor | _____ | Date |
| _____                  | Grantor | _____ | Date |
| _____                  | Grantor | _____ | Date |
| _____                  | Grantor | _____ | Date |
| _____                  | Grantor | _____ | Date |

**ACKNOWLEDGMENT:**

(Individual)  
STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ } ss.  
I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name and include title)

My Appointment expires: \_\_\_\_\_

EQ249B (06/2002)

**For clarification purposes, I declare under penalty of perjury, 10/24/02, that this is an exact copy of the original document to which it is attached.**

**BOBBIE COHEN**

(Affix Seal or Stamp)

*Bobbie Cohen*



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|                                       |         |                         |
|---------------------------------------|---------|-------------------------|
| <u>Brian Quigley</u><br>BRIAN QUIGLEY | Grantor | <u>10/19/02</u><br>Date |
| <u>Robby Propst</u><br>ROBBY PROPST   | Grantor | <u>10/19/02</u><br>Date |
| _____                                 | Grantor | _____<br>Date           |

**ACKNOWLEDGMENT:**

(Individual)  
 STATE OF WASHINGTON, COUNTY OF SKAGIT } ss.  
 I hereby certify that I know or have satisfactory evidence that BRIAN QUIGLEY & ROBBY PROPST  
 \_\_\_\_\_ 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.

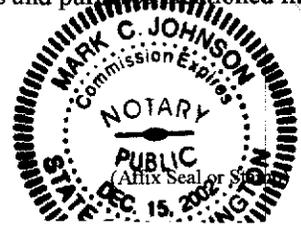
Dated: 10/19/2002

(Signature) Mark C. Johnson

(Print name and include title) Mark C. Johnson

My Appointment expires: 12/15/2002

EQ249B (06/2002)



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**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:

*Mark C Johnson*

Commission Number:

*21A*

Commission Expires:

*12-15-02*

Date & Place of Notary Execution:

*10-19-02 Skagit County, WA*

Date & Place of This Execution:

*10-24-02*

**Washington County, OR**

*Bobbie Cohen*

Signature

**WELLS FARGO BANK, N.A.**

Revised 7-17-00



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