



200301210183

Skagit County Auditor

1/21/2003 Page

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2 11:25AM

**Recording Requested by:**

Wells Fargo Bank

**When Recorded Return to:** Fidelity National LPS

P. O. BOX 19523

Irvine, CA 92623-9523

Code: WFD

State of Washington

Space Above This Line For Recording Data

**REFERENCE #** 20023317400034

**ACCOUNT #:** 0654-654-5534402-1998

**SHORT FORM DEED OF TRUST**

(With Future Advance Clause)

**1. DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is  
12/23/2002  
and the parties are as follows:

**TRUSTOR ("Grantor"):**

VICTOR A. LENZI AND LYNN E. LENZI, HUSBAND AND WIFE

whose address is:

4415 GLASGOW WAY 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 REAL PROPERTY LOCATED IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 10, CLEARING DIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGES 76 TO 79, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

with the address of 4415 GLASGOW WAY ANACORTES, WA 98221

and parcel number of 4410-000-010-0004 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 \$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 12/23/2042
- 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).

<u>Victor A Lenzi</u> VICTOR A LENZI	Grantor	<u>12/24/02</u> Date
<u>Lynn E Lenzi</u> LYNN E LENZI	Grantor	<u>12/24/02</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

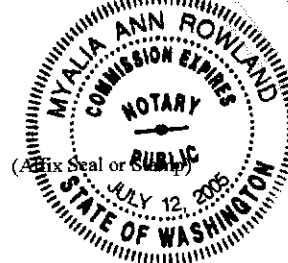
**ACKNOWLEDGMENT:**

(Individual)  
 STATE OF Washington COUNTY OF Skagit } ss.  
 I hereby certify that I know or have satisfactory evidence that Victor A. Lenzi - Lynn E. Lenzi  
 \_\_\_\_\_ 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: 12-24-02  
Myalia Ann Rowland  
 (Signature)  
Myalia Ann Rowland  
 (Print name and include title)

My Appointment expires: July 12, 2005



EQ24

