

Skagit County Auditor 3/10/2003 Page

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Recording Requested by:

Wells Fargo Bank

When Recorded Return to: Fidelity National LPS

P. O. BOX 19523

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State of Washington

Space Above This Line For Recording Data____

REFERENCE # 20030517000084

ACCOUNT #: 0654-654-6462081-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

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

02/21/2003

and the parties are as follows:

TRUSTOR ("Grantor"):

JERALD MARK COHEN, AN UNMARRIED MAN

whose address is:

6823 GIBRALTER DR 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

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 SKAGTI State of Washington, described as follows:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF OF WASHINGTON, TOGETHER WITH ALL AFTER ACQUIRED JUYLE OF THE GRANTOR THEREIN: 6823 (497) GIBRALTER DRIVE, ANACORTES, WA. GIBRALTER LOT 17-20 BLOCK 4

INC M/H 17706073 BUCKINGHAM 90 66X28

ABBREVIATED LEGAL: N/A

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, DIL GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

with the address of 6823 GIBRALTER DR ANACORTES, WA 98221 together with all rights, easements, appurtenances, and parcel number of P73505 royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

WASHINGTON – DEED OF TRUST

EQ249A (06/2002)

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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 Instrument will secure shall not exceed \$10,000.00 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 02/21/2028
- 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 at Page 0614 9702060051 in Book 1626 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.
- 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
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N/A 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).

JERALD MARK COHEN	Grantor	/ Date /
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
(Individual) STATE OF NOShington, COUNTY OF SI	agil	
I hereby certify that I know or have satisfactory evidence that		
		is/are the
person(s) who appeared before me and said person(s) acknowledg		e e e e e e e e e e e e e e e e e e e

(Print name and include title)

My Appointment expires:

EQ249B (06/2002)