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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** # 20030767000105

ACCOUNT #: 0654-654-7500998-0001

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 04/21/2003 and the parties are as follows:

TRUSTOR ("Grantor"):

JOHN R. SPURLING AND REBECCA ASSPURLING, HUSBAND AND WIFE

whose address is:

3709 W 4TH ST 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 SKAGTT , State of Washington, described as follows:

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

THE WESTERLY 70 FEET OF THE EASTERLY 514.93 FEET, AS MEASURED ALONG THE NORTHERLY LINE OF BLOCK 1108, NORTHERN PACIFIC ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 9 THROUGH 11, RECORDS OF SKAGIT COUNTY, WASHINGTON; (BEING KNOWN AS LOT 12 OF SURVEY RECORDED IN VOLUME 110F SURVEYS, PAGES 168 AND 169, UNDER AUDITOR'S FILE NO. 9109090003, RECORDS OF SKAGIT COUNTY, WA).

with the address of 3709 W 4TH ST ANACORTES, WA 98221
and parcel number of P100052 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

EQ249A (06/2002)

WASHINGTON – DEED OF TRUST

- 3. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$78,000.00 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 05/17/2018
- 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

NA Leasehold Rider

N/A Other

EQ249B (06/2002)

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).

To I some		9/22/23
A Melle U Symbo	Grantor	4/23/03
REBECCA A SPURLING	Grantor	Date
	Grantor	Date
- marina à	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
(Individual) STATE OF COUNTY OF I hereby certify that Prower have satisfactory evidence that	iagil,	Souration C
person(s) who appeared before me and said person(s) acknowledge	ed that he/she/they sig	is/are the
acknowledged it to be his/her/their free and voluntary act for the us		
(Signature) (Print name and include title) (Print name and include title)	ANN ROLL SSION STATE OF THE PARTY OF THE PAR	
My Appointment expires:	MAIN'S Gear o	(Stagep)

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