



7/3/2003 Page

1 of

210:44AM

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 # 20031577200134 **ACCOUNT** #: 0654-654-8525390-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 06/16/2003 and the parties are as follows:

TRUSTOR ("Grantor"):

LESLIE G. JACOBER SR. AND JANE L. JACOBER, HUSBAND AND WIFE

whose address is:

PO BOX 877 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 SKAGHT, State of Washington, described as follows:

THE REAL PROPERTY LOCATED IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
TRACT 10, SKYLINE NO. 3, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9

OF PLATS, PAGES 54 AND 56, RECORDS OF SKAGIT COUNTY, WASHINGTON

with the address of 5302 K+NGSWAY ANACORTES, WA 98221 and parcel number of 3819-000-010-0003 together with all rights, easements, appurtenances, 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)

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 \$100,000.00 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

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.

the future. The maturity date of the Secured Debt is 06/16/2043

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).

contained for the previously recorded iviasier Porting the L	reed of Trust-Dank/Customer Cop	<i>y).</i>
Tedio Si Vicales Sr		6/16/05
LESLVE G JACOBER SR	Grantor	Date,
Larri Marchell		6/6/03
JANE L JACOBER	Grantor	Date
	//}	
	Grantor	Date
	Grantor	Date
	Grantor 💛	Date
-18-4-1	Grantor	Date
ACKNOWLEDGMENT:	Giantoi	Date
(Individual)		And the state of t
STATE OF LOSHINGTON, COUNTY	of Slace	SS.
I hereby certify that I know or have satisfactory evidence	that	
Medic G yecober S	s/ yang of ya	<u> </u>
		is/are the
person(s) who appeared before me and said person(s) a	acknowledged that he/she/they sig	ned this instrument and
acknowledged it to be his/her/their free and voluntary a	ct for the uses and purposes ment	ioned in the instrument.
Dated: 10.110-05	WILLIAM NIN BOWN	
(Signature)	William Notes	
Marchan Britan Inta	MY TO THE THE PERSON OF THE PE	
(Print name and include title)) ES 3 HOTARY W	
My Appointment expires: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PUBLIOTIX Scale	Stamp)

7/3/2003 Page 2 of 2 10:44AM

Skagit County Auditor