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Recording Requested by:

Wells Fargo Bank

F 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 # 20031427400368

ACCOUNT #: 0654-654-8303037-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

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

06/02/2003

TRUSTOR ("Grantor"):

RICHARD J. SIGMEN AND B. SUSAN SIGMEN, HUSBAND AND WIFE

whose address is:

2517 29TH 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

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 WASHINGTON:

LOT 1 OF SHORT PLAT NO. AN-83-005, DATED 10/20/83, APPROVED 10/20/83, AND RECORDED IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY ON THE 25TH DAY OF OCTOBER, 1983, IN BOOK 6 OF SHORT PLATS, AT PAGE 93, UNDER AUDITOR'S FILE NO. 8310250022, BEING A PORTION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 35 NORTH, RANGE 1 EAST W.M. L.

ABBREVIATED LEGAL: N/A

with the address of 2517 29TH ST ANACORTES, WA 982212690 and parcel number of 35012610010104 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

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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. 3. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$30,000.00 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 06/02/2043 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. 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. MA Third Party Rider 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). Grantor Grantor 307140140 **Skagit County Auditor** 7/14/2003 Page 310:11AM Grantor ACKNOWLEDGMENT: (Individual) . , COUNTY OF I hereby certify that I know or have satisfactory evidence that 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. (Print name and include title)

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My Appointment expires:

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ACKNOWLEDGMENT:	_1	سيياند المحمدين حالمه
(Individual)	a via	
STATE OF COUNTY OF	of Sugar }ss.	
I hereby certify that I know or have satisfactory evidence	that	
B. Susan Siamen		
		is/are the
person(s) who appeared before me and said person(s) ac		
acknowledged it to be his/her/their free and voluntary ac	t for the uses and purposes mentioned	I in the instrument.
Dated 10.13.03		
(Signature)		
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(Print hame and include vitle)	3	•
My Appointment expires: 11.11.1005	Affix Seal or Stam	ф)
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