

9/12/2003 Page

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2 8:47AM

Return Address:
Wells Fargo Bank, N.A.
P. O. BOX 31557
BILLINGS, MT 59107
DOCUMENT MANAGEMENT
_____ State of Washington

Space Above This Line For Recording Data____

REFERENCE # 20031287000805

ACCOUNT #: 0654-654-0105643-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 08/12/2003 and the parties are as follows:

LCA-CD

TRUSTOR ("Grantor"): JAMES W. MACY AND DEBRA J. MACY, HUSBAND AND WIFE

whose address is:

3002 RYE CT 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:

LOT 65, SKYLINE NO. 10, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 117 THROUGH 120, RECORDS OF SKAGIT COUNTY, WASHINGTON. TITLE TO SAID PREMISES IS VESTED IN JAMES W. MACY AND DEBRA J. MACY, HUSBAND AND WIFE BY DEED FROM ROBERT T. LEGAN AND JACQUELYN J. LEGAN, HUSBAND AND WIFE DATED 4/26/1989 AND RECORDED 4/27/1989 IN DEED 800K 813 PAGE 415.

ABBRIVIATED LEGAL: LOT 65, SKYLINE NO. 10

with the address of 3002 RYE CT ANACORTES, WA 98221
and parcel number of 3826-000-065-0008 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. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$75,000.00 together with all interest thereby accraing, 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 08/12/2043 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 in Book 1626 at Page 0614 9702060051 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.

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).

Debra G. Macy		8-13-03
DEBRA J MACY Johns W. Maar (1)	Grantor	8-13-03
JAMES W MACY	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
(Individual) STATE OF Washington, COUNTY OF AKO	<u>a</u> t	},ss:
I hereby certify that I know or have satisfactory evidence that	WJ.N	nacy
person(s) who appeared before me and said person(s) acknowledged		
acknowledged it to be his/he/theft) free and voluntary act for the use Dated: (Signature) (Signature) (Signature)	And purposes	s meanoned in the instrument.
(Print name and include title) My Appointment expires: 10 00 000	C Affi	x Seal or Stamp)

200309120024 Skagit County Auditor