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Recording Requested by: Wells Fargo Bank

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P. O. BOX 19523

Irvine, CA 92623-9523

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\_Space Above This Line For Recording Data\_\_

**REFERENCE** # 20032077000127 **ACCOUNT** #: 0651-651-1660519-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

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

08/22/2003

and the parties are as follows:

TRUSTOR ("Grantor"): JEFFREY L. BROOKE AND JOANNE M. BROOKE, HUSBAND AND WIFE

whose address is:

15542 YOKEKO 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

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:

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS LOT 8 THROUGH 13, INCLUSIVE, AND THE SOUTH 1/2 OF LOT 7, BLOCK 280, JULIUS S. POTTER S PLAT OF FLOALGO CITY, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 77, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF VACATED GRAND AVENUE WHICH UPON VACATION UNDER ORDINANCE #7592 REVERTED TO SAID PREMISES BY OPERATION OF LAW.

with the address of 15542 YOKEKO DR ANACORTES, WA 982218754 and parcel number of P73403 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** 

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 \$25,000.00 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 08/22/2043 By the delivery and execution of this Security Instrument. MASTER FORM DEED OF TRUST. 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. RIPERS. 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

MAJ Other		
SIGNATURES: By signing below, Grantor agrees to perform Security Instrument. Grantor also acknowledges receipt of a cop		
contained in the previously recorded Master Form (the Deed of T	-	py).
Julia 2 Swh		8-55-03
JEFFREY OF BROOKE	Grantor	9-22-03 Date \$22-03
JOANNE_M BROOKE	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: Individual)	Grantor	Date
STATE OF WASHINGTON , COUNTY OF	SKAG-17	} ss:
hereby certify that I know or have satisfactory evidence that	E M. BRIOCK	
		is/are the
person(s) who appeared before me and said person(s) acknowle	dged that he/she/they si	gned this instrument and

Seal or Stamp)

My Appointment expires: \_

NA Leasehold Rider

**Skagit County Auditor** 

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