

Skagit County Auditor

2/3/2004 Page

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REFERENCE # 20033472200070 ACCOUNT #: 0650-650-1975714-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 01/12/2004 and the parties are as follows:

TRUSTOR ("Grantor") and Judy M. BACON, HUSBAND AND WIFE

whose address is: 3301 APACHE DR MOUNT VERNON WAY

c/o Specialize Service TRUSTEE: Wells Fargo Financial National Bank 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 SKAGIT

of Washington, described as follows:
LOT 28, THUNDERBIRD, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF
PLATS, PAGES 34 AND 35, RECORDS OF SKAGIT COUNTY, WASHINGTON,
ABBREVIATED LEGAL: LOT 28, THUNDERBIRD, VOL.9, PAGES 34 AND 35

with the address of 3301 APACHE DRIVE MOUNT VERNON, WA together with all rights, and parcel number of P54495 easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, **WASHINGTON - DEED OF TRUST** EO249A (06/2002)

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.

- Instrument will secure shall not exceed \$47,000.00 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 01/12/2044
- 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.

- MA Third Party Rider
- MA Leasehold Rider
- N/A Other N/A

EQ249B (0/2002)

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 in the previously recorded Master Form (the D	eed of Trust-Bank/Customer C	Copy).
mader & Burn		1-9-04
BRADEN R BACON	√ Grantor	Date
Sum hacon		1. 9-04
JUDY M BACON	Grantor	Date
	Grantor	Date
	ntor	Date
20040203003 Skagit County Audito		Date
2/3/2004 Page 2 of	2 10:13AMntor	Date
ACKNOWLEDGMENT:		
(Individual) STATE OF WA, COUNTY (OF SKAGIT	
I hereby certify that I know or have satisfactory evidence	that BRADEN K-B	is/are the
person(s) who appeared before me and said person(s) a	cknowledged that he/she/they	signed this instrument and
acknowledged it to be his/her/their free and voluntary ac	ct for the uses and purposes me	entioned in the instrument.
Parulee a Benshaum	HARRILEE A.	
HARRILEE A BEHRBAUIII	I cal No d	SEHR!
(Print name and include title) / - / G - 2 FOX		H BB Spamp)
My Appointment expires:	(Affix S	alog Stamp)