



200404150036

Skagit County Auditor

4/15/2004 Page 1 of 2 9:44AM

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 # 20040427200199 ACCOUNT #: 0651-651-2605309-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 03/12/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
PAMELA S. BIRCHFIELD, WHO ACQUIRED TITLE AS PAM BIRCHFIELD,
AS HER SEPARATE PROPERTY

whose address is: 12439 B ST MOUNT VERNON, WA, 98273
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 14, BLOCK 4, A, SIEGRED S FIRST PLAT OF BAY VIEW PADILLA BAY, ACCORDING TO PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF THE VACATED ALLEY ADJACENT WHICH UPON VACATION REVERTED TO SAID PREMISES BY OPERATION OF LAW.

with the address of 12439 B ST MOUNT VERNON, WA 982736928
and parcel number of 4069-004-014-0006 together with all rights,
easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

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WASHINGTON - DEED OF TRUST

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.

- 3. **MAXIMUM OBLIGATION LIMIT AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$45,000.00 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 04/01/2010
- 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.

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

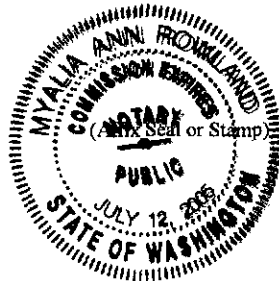
SIGNATURES: By signing below, Grantor agrees to perform all covenants and duties as set forth in this Security Instrument. Grantor also acknowledges receipt of a copy of this document and a copy of the provisions contained in the previously recorded Master Form (the Deed of Trust-Bank/Customer Copy).

<u>Pamela S. Birchfield</u> PAMELA S BIRCHFIELD	Grantor	<u>3-13-04</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

ACKNOWLEDGMENT:

(Individual)
STATE OF Washington, COUNTY OF Skagit } ss.
I hereby certify that I know or have satisfactory evidence that Pamela S. Birchfield is/are the 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.

Dated: 3-13-04
Myala Ann Rowland
(Signature)
Myala Ann Rowland
(Print name and include title)
My Appointment expires: July 12, 2005



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