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WHEN RECORDED MAIL TO: FIDELITY NATIONAL-LPS

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REFERENCE # 20040987000197 ACCOUNT #: 0651-651-6432263-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 04/22/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
LYLE B. NEWPORT, WHO ACQUIRED TITLE AS LYLE NEWPORT, AN UNMARRIED MAN, SURVIVING SPOUSÉ

whose address is: 3607 W 2ND ST ANACORTES, WA.

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

For good and valuable consideration, the receipt and sufficiency of which is CONVEYANCE. 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 SKAG+T , State

OI WASHINGTON, DESCRIBED REAL PROPERTY LOCATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS: LOTS 5, 6 AND 7, BLOCK 1104, 'NORTHERN PACIFIC ADDITION TO ANACORTES', AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 9; RECORDS OF SKAGIT COUNTY, WASHINGTON; EXCEPT THE WEST 1/2 OF SAID LOT 7

with the address of 3607 W 2ND ST ANACORTES, WA 982211280 and parcel number of 3809-105-000-0202 together with easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, WASHINGTON - DEED OF TRUST EQ249A (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.

MAXIMUM OBJECTION LIMIT AND SECURED DEBT. The total amount which this Security.

- 3. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$80,430.00 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 05/05/2034
- 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

MA 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).

The or heupon		472.04
LYLE B. NEWPORT	Grantor	Date
	Grantor	Date
A CONTRACTOR OF THE CONTRACTOR	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF, COUNTY OF I hereby certify that I know or have satisfactory evidence that		ss.
(Kale Klewith)		is/are the
person(s) who appeared before me and said person(s) acknowledged it to be his/her/their free and voluntary act for		
Dated: 4-22-64 Line Dan Box Don Company (Signature) Line Dan Box Don Company	ANN ROW	
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My Appointment expires



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