

7/23/2004 Page

2 9:08AM

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 # 20041627200828 ACCOUNT #: 0651-651-6742432-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 06/17/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
GARY D. RANDALL AND CINDY K. RANDALL, HUSBAND AND WIFE

whose address is: 12136 MUIR FIELD CT BURLINGTON, WA,

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

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 SKAGIT. . State

of Washington, described as follows:
LOT 41, 'PLAT OF BAY HILL VILLAGE DIVISION NO. 11', ACCORDING TO THE PLAT
THEREOF RECORDED IN VOLUME 15 OF PLATS, PAGES 125 AND 126, RECORDS OF
SKAGIT COUNTY, WASHINGTON. ABBREVIATED LEGAL: NA

with the address of 12136 MUIR FIELD COURT BURLINGTON, WA 98233 together with all rights, and parcel number of P104454 easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, **WASHINGTON – DEED OF TRUST** EQ249A (06/2002)

	ting and future improvements, structures are, be part of the real estate described ab		may
3. MAXIMUM OBLIGATIO	N LIMIT AND SECURED DEBT.	The total amount which this Sec	-
Instrument will secure shall accruing, as set forth in the	promissory note, revolving line of credit	gether with all interest the agreement, contract, guaranty or	-
evidence of debt ("Secured l	Debt") of even date herewith, and all ar	nendments, extensions, modifica-	tions,
	s which are incorporated by reference in e of the Secured Debt is 06/17/2044	o this Security Instrument, now	or in
4. MASTER FORM DEED	OF TRUST. By the delivery and ex		
	ovisions and sections of the Master For 1, 1997 and recorded on February 6, 199		
The state of the s	Book 1626 at Page 0614		
in the Office of the Auditor of		ounty, State of Washington, are h	ereby
	govern, this Security Instrument.  he property subject to this Security In	strument is not used principally	for
agricultural or farming purpo	oses.	,	
	following are applicable to this Secu lers checked below are incorporated into	•	
of this Security Instrument.	and the second of the second o	11	
N/A Third Party Rider Leasehold Rider			
N/A Other N/A			
	low, Grantor agrees to perform all cover		
	o acknowledges receipt of a copy of this of led Master Form (the Deed of Trust-Bank		sions
formation in the previously record	1.11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Customer Copy).	
GARY D. RANDALL	Gra	ntor Date	T.
Couly Y. Ki	intak \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6/23/09	
CINDY K. RÁNDALL	Gra	ntor Date	
	Gra	ntor Date	
The second secon	Gra	ntor Date	
	Gra	ntor Date	
	Cro		
	Gia	ntor Date	
ACKNOWLEDGMENT:	Cia	ntor Date	
(Individual)		ntor Date	
(Individual)	, COUNTY OF	ntor Date	
(Individual) STATE OF I hereby certify that I know or have	, COUNTY OF, country of	is/are the	4 om d
(Individual) STATE OF I hereby certify that I know or have person(s) who appeared before a	, COUNTY OF, country of, e satisfactory evidence that me and said person(s) acknowledged that	is/are the he/she/they signed this instrumen	
(Individual) STATE OF I hereby certify that I know or have person(s) who appeared before a acknowledged it to be his/her/the Dated:	, COUNTY OF, country of	is/are the he/she/they signed this instrumen	
(Individual) STATE OF I hereby certify that I know or have person(s) who appeared before a acknowledged it to be his/her/the Dated:  (Signature)	, COUNTY OF, country of, e satisfactory evidence that me and said person(s) acknowledged that	is/are the he/she/they signed this instrumen	
(Individual) STATE OF I hereby certify that I know or have person(s) who appeared before a acknowledged it to be his/her/the Dated:	, COUNTY OF, country of, e satisfactory evidence that me and said person(s) acknowledged that	is/are the he/she/they signed this instrumen	

EQ249B (0/2002)

200407230056 Skagit County Auditor 7/23/2004 Page 2 of 2 9:08AM