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WHEN RECORDED MAIL TO: FIDELITY NATIONAL-LPS P.O. BOX 19523 IRVINE, CA 92623-9523 WFFI PRIME

State of Washington

Space Above This Line For Recording Data

REFERENCE # 20042317000504 ACCOUNT #: 0650-650-5083206-0001

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 08/30/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
JERALD B. HAUER AND KANDY L. HAUER, HUSBAND AND WIFE

whose address is: 5816 INEZ ST BOW, WA, 98232

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 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 of Washington, described as follows:

LOT 2 AND THE SOUTHEAST 20 FEET OF THE SOUTHWEST 50 FEET OF LOT 8 ADJOINING; THE NORTHEAST 25 FEET OF LOT 3 AND THE SOUTHEAST 20 FEET OF THE NORTHEAST 25 FEET OF LOT 7, ADJOINING, BLOCK 7, PLAT OF BOW, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS, PAGE 40, RECORDS OF SKAGIT

COUNTY, WASHINGTON.
ABBREVIATED LEGAL: LOT 2, SE 20 FT OF SW 50 FT OF LOT 8, ADJOINED NE 25 FT OF LOT 3, SE 20FT OF NE 25 FT OF LOT 7, ADJOINED, BLK 7, VOLUME 3 PAGE 40

with the address of 5816 INEZ ST BOW, WA

and parcel number of P71269

together with all rights.

easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

EQ249A (06/2002)

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. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$20,000.00 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 09/22/2019 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 in Book 1626 at Page 0614 of the Official Records 9702060051 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. 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. M/A Third Party Rider MA 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). Grantor Grantor Date Date Grantor Grantor Date Grantor Date ACKNOWLEDGMENT: (Individual) COUNTY OF STATE OF I hereby certify that I know of have satisfactory evidence that 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: 12016 (Signature) Dichele (Print name and include title) My Appointment expires:

EQ2/



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Recording requested by:
Wells Fargo Bank, N.A.
When recorded return to:
P. O. BOX 31557
BILLINGS, MT 59107
DOCUMENT MANAGEMENT

State of (Name)
REFERENCE#20042317000504

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			CEIDAVIT	OF AT	rodniev in	FACT/AGEN	T	
Ιĸ	ANDY L	0/	TORNEY IN FACT	OF AT		mailing address of 5816		
•		BOW	AWA	98232			ing statements based upon	
my	_	knowledge:	and the second s	·				
1.	I am the which p	am the Attorney-in-Fact/Agent under a power of attorney from JERALD B. HAUER , which power of attorney is dated 08/25/2004						
2.	As of ti	nis date:	A more					
	A. the	e power of atto	orney has not been	amended, rev	sked or terminated b	y the Principal;		
	B. the	e Principal has	not died;		6			
		l am the spou incipal;	se of the Principal,	no action for	divorce, annulmen	t or separation has been	commenced by me or the	
	<b>D</b> . a §	guardian has n	ot been appointed f	or the Princip	al.			
3.		have examined the legal description(s), if any, attached to the Power of Attorney and certify that the description(s) have been changed, replaced, or amended subsequent to the signing of the Power of Attorney by the Principal.						
4.		make this affidavit with the intention that it be relied upon by Wells Fargo Bank, N.A. ,in onnection with a loan to the Principal, secured by a mortgage or deed of trust of the Principal's real estate.						
5.	rely on		tions contained in t	his affidavit a		N.A. ine of credit is opened. I or revocation by the Prin		
Sig	ned this	<u> 2041</u> d	ay of <u>Clu</u> g	ust,	,4004	Signature of Agent	L. Havre	
	KNOWL! lividual)	EDGEMENT:						
-	e of	-2.0	WA		_), ss.			
Cou	nty of	Sh	ägst	), ss.				
	eared	21	day of	L. H/	Le	.20 <u>2004</u> bei	fore me personally	
(Na:	me(s) of P maker(s) o	erson(s) Acknor	wledged) who, I am si i, and acknowledged t	atisfied,hat the instrum	ent was executed as the	z maker's own act,		
		A. T.			(Signature	of Notary Public)	Soll cy	
	Minn				(Print or Type Name of Notary Public)			
(Sea	d) water	PUBL			My commi	ission expires:	150/07	
EQ3	342 (08/2	THE OF W	S HIR THE					
			•••	2004 Skagit (	O9270088 County Auditor			

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