



200501040102
Skagit County Auditor

1/4/2005 Page 1 of 3 10:50AM

Recording Requested by:
Wells Fargo Bank
When Recorded Return to: Fidelity National LPS
15661 Redhill, Suite 200
Tustin, CA 92780
Code: ~~1000~~ *1000*

State of Washington Space Above This Line For Recording Data

REFERENCE # 20043556400009 ACCOUNT #: 0117-117-0255459-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 12/28/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
DOUGLAS A. SMYTHE, A SINGLE PERSON

whose address is: 5149 CAMPBELL LAKE RD ANACORTES, WA, 98221
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.
85 Cleaveland Road
Pleasant Hill, CA 94523

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 LEGAL DESCRIPTION IS ATTACHED HERETO AND MADE A PART HEREOF

ABBGR: LEGAL:
PTN LT 1-B, SHRT PLT # 35-75, VOL. 4, PG 43, SKAGIT CO., WA. AT 8003100026

ptn Cont L12 Sec 12 Twp 34N R1 E Wm

with the address of 5149 CAMPBELL LAKE RD ANACORTES, WA 98221
and parcel number of 340-112-0005-0208 together with all rights,
easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,
EQ249A (12/2004) 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 \$150,000.00 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 12/28/2034.
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.

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>Douglas A Smythe</u> DOUGLAS A SMYTHE	Grantor	<u>12-30-04</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

ACKNOWLEDGMENT:

(Individual)

STATE OF WASH, COUNTY OF KING } ss.

I hereby certify that I know or have satisfactory evidence that Douglas A Smythe 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: 12/30/04

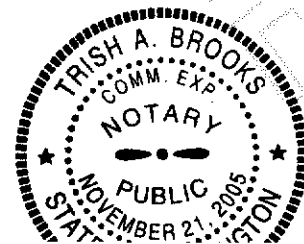
Trish A Brooks

(Signature) Trish A Brooks

(Print name and include title) _____

My Appointment expires: 11/21/05

(Affix Seal or Stamp)



EQ249C (12/2004)



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