

1/6/2005 Page

1 of

3 10:18AM

Return Address:
Wells Fargo Bank, N.A.
P. 0. BOX 31557
BILLINGS, MT 59107
DOCUMENT MANAGEMENT
Fate of Washington

Space Above This Line For Recording Data_

REFERENCE# 20043367200769 -ACCOUNT#: 0651-651-7514204-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 12/14/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
JON A WARREN, A SINGLE PERSON

whose address is: 1210 FENSKE LN BURLINGTON, WA, 98233

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. 0. 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 SKAGLT, State of Washington, described as follows:

LOT 17, PLAT OF GAGES CIRCLE, ACCORDING TO THE PLAT THEREOF RECORDED UNDER AUDITOR'S FILE NO. 200102130017, RECORDS OF SKAGIT COUNTY, WASHINGTON.

ABBREVIATED LEGAL: N/A

with the address of 1210 FENSKE LN BURLINGTON, WA 982332805
and parcel number of P117830 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, EO249A (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 \$18,171.00 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 12/14/2029
- 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
 - N Leasehold Rider
 - N/A 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).

		and some taken to the same of
JON A WARREN	Grantor	
	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
STATE OF WAShington, COUNTY OF TSWAND ss. I hereby certify that I know or have satisfactory evidence that Son A WARREN		
I hereby certify that I know or have satisfactory evidence that	∞ $+$ ω	is/are the
person(s) who appeared before me and said person(s) acknowledged acknowledged it to be his/her/their free and voluntary act for the uses	that he/she/they sig and purposes ment	ned this instrument and ioned in the instrument.
Dated: 1000000		
(Signature) hole SINCULOR	OFFICIAL SEAL	
(Print name and include title)	MICHELE S. WALKER	
My Appointment expires: 3-17-03	NOTARY PUBLICEXASE DEFINE My Comm. Expires MARC	M.STINICTON H 14, 2005

200501060050 Skagit County Auditor

1/6/2005 Page

3 10:18AM