



200502140096

Skagit County Auditor

2/14/2005 Page 1 of 3 9:56AM

## Return Address:

Wells Fargo Bank, N.A.  
P. O. BOX 31557  
BILLINGS, MT 59107  
DOCUMENT MANAGEMENT

State of Washington

Space Above This Line For Recording Data

REFERENCE # 20050187200863 ACCOUNT #: 0651-651-7671873-1998

**SHORT FORM DEED OF TRUST**

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 01/26/2005 and the parties are as follows:

## TRUSTOR ("Grantor"):

ANTHONY MAGGIO AND APRIL M. MAGGIO, HUSBAND AND WIFE

whose address is: 10590 VISTA VIEW DR SEDRO WOOLLEY, WA, 98284

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

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:

LOT 12, BLOCK 2, 'LAMM'S PANORAMA VIEW LOTS, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7 OF PLATS, PAGE 39, RECORDS OF SKAGIT COUNTY, WASHINGTON. TITLE TO SAID PREMISES IS VESTED IN ANTHONY MAGGIO AND APRIL M. MAGGIO, HUSBAND AND WIFE BY DEED FROM JOHN O. TILGHMAN AND CAROL R. TILGHMAN, HUSBAND AND WIFE DATED 07/25/2002 AND RECORDED 08/07/2002 AS INSTRUMENT NO. 200208070103 BOOK PAGE .

with the address of 10590 VISTA VIEW DR SEDRO WOOLLEY, WA 982848782

and parcel number of P67780

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 \$15,000.00 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 01/25/2030

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>Anthony Maggio</u>	Grantor	<u>1-25-05</u>	Date
<u>April M. Maggio</u>	Grantor	<u>1-25-05</u>	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date

**ACKNOWLEDGMENT:**

(Individual)

STATE OF Washington, COUNTY OF Skagit ss.

I hereby certify that I know or have satisfactory evidence that Anthony Maggio  
and April M. Maggio 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: January 24, 2005

(Signature)

Teresa L. Dalgliesh

(Print name and include title)

My Appointment expires: February 24, 2006

