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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 # 20051467200186 ACCOUNT #: 0650-650-8493928-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 06/10/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
ROBERT L. FOLKES AND COLLEEN L. FOLKES, HUSBAND AND WIFE

whose address is: 3412 G AVE 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. 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 SKAG+T . State of Washington, described as follows:

LOT 21, HORIZON HEIGHTS DIV. III, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 16 OF PLATS, PAGE 60, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATED IN SKAGIT COUNTY, WASHINGTON.

ABBREVIATED LEGAL: LOT 21, VOLUME 16, PAGE 60

with the address of 3412 G AVENUE ANACORTES, WA 982212696 together with all rights, and parcel number of P108376 easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, **WASHINGTON – DEED OF TRUST** EQ249A (12/2004)

- 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 \$50,000.00 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 06/10/2045
- 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.

- M/A Third Party Rider
- Leasehold Rider
- N/A Other N/A

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**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).

lah 1. The		JUNE 10,05
ROBERT L FOLKES	Grantor	Date '
Colon J. Folker		JUNE 10, 05  Date  Oune 10, 2005  Date
COLLEEN L FOLKES	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF LOGINATO,, COUNTY Country that I know or have satisfactory evidence to the country of th		Date    Ss.   V ac
and Collect L Folkes	Hat NOVEY! IS FOR	is/are the
person(s) who appeared before me and said person(s) ac acknowledged it to be his/her/their free and voluntary act	knowledged that he/shothey for the uses and purposes n	signed this instrument and entioned in the instrument.
(Signature)  (Signature)  (Print name and include title)  My Appointment expires:	NOTATES PUBLIC 72 PUBLIC	eal or Stamp
	OF CONTRACT	

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