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Skagit County Auditor

8/15/2005 Page 1 of 3 10:56AM

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 # 20051797500697 ACCOUNT #: 0651-651-8481350-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 07/20/2005 and the parties are as follows:

TRUSTOR ("Grantor"):

WAYNE E. OLSEN AND ELAINE T. OLSEN, HUSBAND AND WIFE

whose address is: 1413 19TH ST 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

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 7 AND 8, BLOCK 123, CITY OF ANACORTES ACCORDING TO PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORD OF SKAGIT COUNTY, WASHINGTON.

ABBREVIATED LEGAL: N/A

with the address of 1413 19TH ST ANACORTES, WA 982212322

and parcel number of P114358 & P55803

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 \$52,988.73 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 08/01/2020
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).

Wayne E Olsen
WAYNE E OLSEN Grantor

7-20-2005
Date

Elaine T Olsen
ELAINE T OLSEN Grantor

7-20-2005
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 Wayne E OLSEN and Elaine T OLSEN 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: 7/20/2005
Kimberly Ann Kane
(Signature)

Kimberly Ann Kane
(Print name and include title)

My Appointment expires: July 19, 2006

