

Skagit County Auditor

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

Space Above This Line For Recording Data\_

REFERENCE # 20051997200635 ACCOUNT #: 0651-651-8549281-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 07/28/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
GREGORY W. BRUE AND CHERYL A BRUE, HUSBAND AND WIFE

whose address is: 21338 CLARA PL SEDRO WOOLLEY, WA.

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

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 SKAG LT , State

of Washington, described as follows:
TRACT 27, 'ROLLING RIDGE ESTATES NO. 5', AS PER PLAT RECORDED IN VOLUME 15
OF PLATS, PAGES 105 AND 106, RECORDS OF SKAGIT COUNTY, WASHINGTON.

ABBREVIATED LEGAL: N/A

with the address of 21338 CLARA PL SEDRO WOOLLEY, WA 98284 and parcel number of P104355 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.

- MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security together with all interest thereby Instrument will secure shall not exceed \$25,000.00 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 07/28/2045
- 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 of the Official Records in Book 1626 at Page 0614 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
- N/A Leasehold Rider
- N/4 Other N/A

**Skagit County Auditor** 

**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).

			73906
GREGORY W BRUE	Pave	Grantor	72109 Date
Charle (AR)			7/29/05
CHERYL A BRUE		Grantor	Date
7.			
		Grantor	Date
		Grantor	 Date
		Granio	Date
		Grantor	Date
ACKNOWLEDGMENT:		Grantor	Date
(Individual) STATE OFWa	, COUNTY O	F Skagit	} ss.
	r have satisfactory evidence the up and Chery A. ore me and said person(s) ack	Brue	is/are the
	r/their free and voluntary act		
(Signature)	Hedring		
(Print name and include titl My Appointment expires:	e) 11/20/2005	i i	leaf of Stampy Set ON
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## **ILLEGIBLE NOTARY SEAL DECLARATION**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE NOTARY SEAL ON THE DOCUMENT TO WHICH THIS STATEMENT IS ATTACHED READS AS FOLLOWS:

Name of PAMEL/ Notary:	A G ALRIDGI	<b>E</b>
Commission N/A Number:	.47	
Commission 11/2 Expires:		<u> </u>
Date & Place of Notary Execution:		SKAGIT COUNTY,WA
	01410005	
Date & Place of This Execution:		Washington County, OR
		Bother Color
		Signature
		MELLO EADOO DANIZALA

Revised 7-17-00

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