



200508230032

Skagit County Auditor

8/23/2005 Page

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3 9:24AM

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 # 20051821833470 ACCOUNT #: 0650-650-9156879-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

- 1. DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 08/02/2005 and the parties are as follows:

TRUSTOR ("Grantor"):

WILLIAM HUBSCHMITT, AS HIS SEPARATE PROPERTY

whose address is: 117 TREVOR LN CHEHALIS, WA, 98532

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:

A MOBILE HOME AND REAL ESTATE LOCATED IN SKAGIT COUNTY, WASHINGTON, WHOSE LEGAL DESCRIPTION IS AS FOLLOWS: PTN GOV LOT 2 AKA TR 3 S/P 48-75 TOW W 50 FT ABND R/R R/W ABTNG SD TR INC M/H 1851 MODULINE/GIBRALTER 76 60X14 SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

with the address of 12185 STATE ROUTE 9 SEDRO WOOLEY, WA 98284

and parcel number of P23277

together with all rights,

easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,

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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 \$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 08/02/2045.
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.

☒ Third Party Rider

☒ Leasehold Rider

☒ 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).

<u>William Hubschmitt</u> WILLIAM HUBSCHMITT	Grantor	<u>8-2-05</u> Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date
_____	Grantor	_____ Date

ACKNOWLEDGMENT:

(Individual)

STATE OF WASHINGTON, COUNTY OF LEWIS } ss.

I hereby certify that I know or have satisfactory evidence that

William HUBSCHMITT 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: 08-02-05

Mary R Tryon
(Signature)

MARY R TRYON
(Print name and include title)

My Appointment expires: 02-28-2006

