



200509020030

Skagit County Auditor

9/2/2005 Page 1 of 3 9:30AM

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 # 20051892200128 ACCOUNT #: 0650-650-9182985-1998

### SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 08/05/2005 and the parties are as follows:

TRUSTOR ("Grantor"):  
ARLYN A. LIVINGSTON AND KRISTINE LIVINGSTON, HUSBAND AND WIFE

whose address is: 4879 ROBINWOOD LN BOW, WA 98232  
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:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON: TRACT M3 OF SKAGIT COUNTY SHORT PLAT NO. 94-011, APPROVED DECEMBER 12, 1994, RECORDED DECEMBER 14, 1994, IN VOLUME 11 OF SHORT PLATS, PAGE 157, UNDER AUDITOR'S FILE NO. 9412140071, BEING A PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 35, AND A PORTION OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M. ABBREVIATED LEGAL: TRACT M3, SCSP # 94-011

with the address of 4879 ROBINWOOD LANE BOW, WA 98232  
and parcel number of P106714

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 \$199,000.00 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 08/05/2045.
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



**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).

*[Handwritten Signature]*  
ARLYN LIVINGSTON

Grantor

8-5-05  
Date

*[Handwritten Signature]*  
KRISTINE LIVINGSTON

Grantor

8-5-05  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT:**

(Individual)

STATE OF WA, COUNTY OF Whatcom } ss.

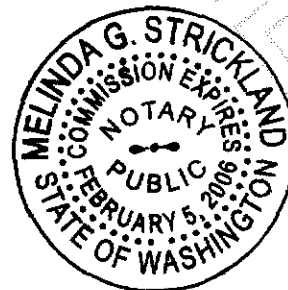
I hereby certify that I know or have satisfactory evidence that Arlyn Livingston and Kristine Livingston is/are the person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 08/05/2005  
Melinda G. Strickland

(Signature)  
Melinda G. Strickland Notary  
(Print name and include title)

My Appointment expires: 02/05/2006

(Affix Seal or Stamp)



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