

9/13/2005 Page

1 of

3 10:36AM

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 # 20052177500908 ACCOUNT #: 0651-651-8645604-1998

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 08/17/2005 and the parties are as follows:

TRUSTOR ("Grantor"): LISA N. CAULFIELD LISA CAULFYELD, AKA NICKI CAULFIELD, A MARRIED WOMAN, AND JAMES M CAULFIELD A NON-VESTED SPOUSE.

whose address is: 201 S 38TH PL MOUNT VERNON, WAZ

Wells Fargo Financial National Bank c/o Specialize Service TRUSTEE: 401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"): Wells Fargo Bank, N.A. P. 0. 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 3, PLAT OF EDGEMOOR ESTATES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 16 OF PLATS, PAGES 62 THROUGH 64, RECORDS OF SKAGLT COUNTY, WASHINGTON. SITUATED IN SKAGIT COUNTY, WASHINGTON. TITLE TO SALD PREMISES IS VESTED IN LISA CAULFIELD, AKA NICKI CAULFIELD, A MARRIED WOMAN BY DEED FROM JAMES M. CAULFIELD, A MARRIED MAN DATED 01/30/2005 AND RECORDED 02/02/2005 AS INSTRUMENT NO. 20050202119 BOOK PAGE.

with the address of 201 S 38TH PL MOUNT VERNON, WA 982748741 together with all rights, and parcel number of P107389 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.

- Instrument will secure shall not exceed \$97,500.00 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 08/17/2045
- 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

N/A Leasehold Rider

N/A 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).

Lian John by U		8-22-05 Date
LISA N CAULFIÉLD	Grantor	Date
Jos. Gel		8-22-05
JAMES M CAULFIELD	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF LIMS HEALT FOR , COUN	Grantor TTY OF KENG	Date
I hereby certify that I know or have satisfactory evid	ence that	
person(s) who appeared before me and said person acknowledged it to be his/her/their free and volunts.  Dated: (Signature)		signed this instrument and
MARONES VA/ NOTARY PU	BIEC	AA
(Print name and include title) My Appointment expires:	(Affix Sec.	al or Stamps  3 LIO S S  Y 28
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EQ249C (12/2004)



9/13/2005 Page

3 of

3 10:36AM