

Skagit County Auditor

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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 # 20052047200118 ACCOUNT #: 0651-651-8620954-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 08/11/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
| INDA J. ELFORD, A MARRIED PERSON AS HER SEPARATE PROPERTY, MICHAEL A EIFORD A NON-VESTED SPOUSE, HUSBAND AND WIFE

whose address is: 14899 VALLEY VIEW DR MOUNT VERNON, 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. O. 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: OF Washington, described as Johows.

LOT 26, 'VALLEY VIEW ADDITION,' AS PER PLAT RECORDED IN VOLUME 7 OF PLATS,

PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON. TITLE TO SAID PREMISES IS

VESTED IN LINDA J. EIFORD, A MARRIED PERSON AS HER SEPARATE PROPERTY BY

DEED FROM MICHAEL A. EIFORD, SPOUSE OF LINDA J. EIFORD DATED 8/1/2/2003 AND

RECORDED 8/18/2003 AS INSTRUMENT NO. 200308180241.

with the address of 14899 VALLEY VIEW DR MOUNT VERNON, WA 982733281 together with and parcel number of 4034-000-026-0002 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.

- 3. MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$150,500.00 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 08/11/2045
- 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.

M74 Third Party Rider

N/A Leasehold Rider

N/A 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).

Michael Q. Eford		8-15-05
MICHAEL A EIFORD	Grantor	Date
Linda V. Exford		8-15-05
LINDA J EIFORD	Grantor	Date
	Grantor	Date
	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual) STATE OF UAShington, COUNTY OF I hereby certify that I know or have satisfactory evidence that	Grantor	Date
and Linda JEIFURD		is/are the
person(s) who appeared before me and said person(s) acknowledged it to be his/hen/their free and voluntary act for Dated:	wledged that he/she/they the uses and purposes m	signed this instrument and tentioned in the instrument.
(Signature)	555	I ANN
(Print name and include title) My Appointment expires: July 19, 2005	A STATE OF THE PARTY OF THE PAR	STARTON OF TO THE PUBLIC OF THE

EQ249C (12/2004)



All-purpose Acknowledgment



STATE OF WASTED , COUNTY OF SKAGIT
On
in and for said State, personally appeared Michael A. E. Payal and Linda J EIFERD
O personally known to me —OR—Oproved to me on the basis of satisfactory evidence/ to be the person(whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/the executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument
WITNESS my hand and official seal.
Signature Renderly Marchan NOTARY NOTARY
Name (type or printed) Kniberty Ann Kane 19: "RUBLIC S. 3
My commission expires: 19, 20076 WASHING WASHING

WEL7494 (12-03 72315)

