Skagit County Auditor

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Return Address: Wells Fargo Banka DOCUMENT MANAGEMENT P. O. BOX 31557 BILLINGS, MT 59107

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State of Washington REFERENCE # 20053087500456 ACCOUNT #: 0651-651-9184902-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 11/22/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
ROBIN K. ANDERSON AND TAWNYA L. ANDERSON, HUSBAND AND WIFE

whose address is: 20917 TRAVIS LN BURLINGTON, WA,

Wells Fargo Financial National Bank

2324 Overland Ave., BILLINGS, MT 59102

BENEFICIARY ("Lender"): Wells Fargo Bank, N.A. P. O. 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 SKAGIT of Washington, described as follows:
LOT 10, 'PLAT OF STERLING VIEW DIV. NO. 1', AS PER PLAT RECORDED IN VOLUME
14 OF PLATS PAGES 182 AND 183, IN THE RECORDS OF SKAGIT COUNTY, WASHINGTON.
TITLE TO SAID PREMISES IS VESTED IN ROBIN K. ANDERSON AND TAWNYA L.

ANDERSON, HUSBAND AND WIFE BY DEED FROM ROBIN K. ANDERSON DATED 8/16/2004

AND RECORDED 8/20/2004 AS INSTRUMENT NO. 200408200085.

with the address of 20917 TRAVIS LN BURLINGTON, WA 982334700 together rights, and parcel number of P100537 with easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, WASHINGTON – DEED OF TRUST EQ249A (11/2005)

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 \$25,000.00 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 11/22/2045
- 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.

MA 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).

Polink. Bul		11-22-05
ROBIN K ANDERSON Gra	ntor	Date
Jawaya L. Sinderson	_ _	11/22/05
TAWNYA L ANDERSON Gra	intor	Date
Gra	intor	Date
Gra	antor	Date
Gra	antor	Date
ACKNOWLEDGMENT: (Individual) STATE OF AMADO TO HAVE satisfactory evidence that Thereby of tify that I know or have satisfactory evidence that person(s) who appeared before me and said person(s) acknowledged that	142 L	Date ss. Working the med this instrument and
acknowledged it to be his/her/their free and voluntary act for the uses and	Purposes ment	ioned in the instrument.
Dated:		2
(Print name and include title) My Appointment expires: (Signature) (Print name and include title) (Print name and include title) (Print name and include title)	STATE	TARY PUBLIC OF WASHINGTON ONI NURMI or Stamp) ent Expires October 2, 2006

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