

Skagit County Auditor

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

State of Washington

Space Above This Line For Recording Data

REFERENCE # 20053327100413 ACCOUNT #: 0651-651-9219226-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 11/29/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
VICKI L. MCMANUS, A SINGLE PERSON, WHO ACQUIRED TITLE AS VICKI MCMANUS, A SINGLE PERSON

whose address is: 3377 BIZ POINT RD ANACORTES, WAS 98221

TRUSTEE: 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 SKAG+T . State

of Washington, described as follows:
THE EAST 54 FEET AND THE NORTH 10.75 FEET OF LOTS 13 THROUGH 18, INCLUSIVE,
REARRANGEMENT OF BLOCK FOUR OF BOWMAN'S CENTRAL SHIP HARBOR WATER FRONT
PLAT OF ANACORTES,' AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 14,
RECORDS OF SKAGIT COUNTY, WASHINGTON. ABBREVIATED LEGAL: A PIN OF LOTS
13-18, BLK 4, BOWMANS CENTRAL SHIP HARBOR.

with the address of 408 5TH ST ANACORTES, WA

and parcel number of P56778

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

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- 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 \$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 11/29/2045
- 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

WASHING

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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).

Unki & Mykamis		12.24.05
VICKI L MCMANUS	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT: (Individual)	Grantor	Date
STATE OF Washington, COUNTY OF S	kaqit	}ss.
hereby certify that I know or have satisfactory evidence that	- ANICK! F	. Mc Manus
person(s) who appeared before me and said person(s) acknowle acknowledged it to be his/her/their free and voluntary act for the		
Dated: December 24, 2005	To the second	
\mathcal{D} . \mathcal{L}		
Signature)	NDA	10=
RHONDA -O WORLEY	IN C. MASS	WW.O.
(Print name and include title) My Appointment expires: 04-09-04	STATE OF THE STATE	al or Spanish
	200000	i ing in the second second

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