



200601230055

Skagit County Auditor

1/23/2006 Page

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4 10:27AM

## 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 # 20053487500328 ACCOUNT #: 0651-651-9371273-1998

**SHORT FORM DEED OF TRUST**

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 01/03/2006 and the parties are as follows:

TRUSTOR ("Grantor"):

KRISTINE E. MIELKE, AS HER SEPARATE ESTATE

whose address is: 3006 RYE CT ANACORTES, WA, 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

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:

LOT 67, SKYKLINE DIVISIONS NO. 10, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 117 THROUGH 120, RECORDS OF SKAGIT COUNTY, WASHINGTON. LOT 67 SUBDIVISION SKYLINE NUMBER 10. TRS NUMBER: 35-01-27

with the address of 3006 RYE CT ANACORTES, WA 98221

and parcel number of P59977

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

EQ249A (11/2005)

WASHINGTON - DEED OF TRUST

## Exhibit A

Reference #: 20053487500328

Acct #: 0651-651-9371273-1998

LOT 67, SKYKLINE DIVISIONS NO. 10, ACCORDING TO THE PLAT THEREOF,  
RECORDED IN VOLUME 9 OF PLATS, PAGES 117 THROUGH 120, RECORDS OF SKAGIT  
COUNTY, WASHINGTON. LOT 67 SUBDIVISION SKYLINE NUMBER 10. TRS NUMBER:  
35-01-27




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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.

3. **MAXIMUM OBLIGATION LIMIT AND SECURED DEBT.** The total amount which this Security 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 01/03/2046
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).

Kristine E. Mielke  
KRISTINE E. MIELKE Grantor

1/3/06  
Date

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Grantor

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Date

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Grantor

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Date

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Grantor

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Date

**ACKNOWLEDGMENT:**

(Individual)

STATE OF Washington, COUNTY OF SKAGIT } ss.  
I hereby certify that I know or have satisfactory evidence that Kristine E. Mielke

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: 01-03-2006

Rhonda Jo Worley  
(Signature)

RHONDA JO WORLEY  
(Print name and include title)

My Appointment expires: 04-09-09

