

8/3/2006 Page

10

4 9:44AM

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## **DEED OF TRUST**

Trustor(s) CHRISTOPHER D. CLEAVER AND SARAH L. CLEAVER, HUSBAND AND WIFE

Trustee(s) Wells Fargo Financial National Bank, 2324 Overland Ave, Billings, MT 59102

Legal Description LOT 39, HOMESTEAD PLACE, ACCORDING TO THE PLAT THEREOF, RECORDED DECEMBER 1, 2004, UNDER AUDITOR'S FILE NO. 200412010051, RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel or Account Number P122283

Reference Numbers of Documents Assigned or Released

WADEED – short (06/2002) CDPv.1

1/4

Prepared by:
Wells Fargo Bank, N.A.
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Account number: 650-650-2475440-1XXX

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is <u>JULY 11, 2006</u> and the parties are as follows:

TRUSTOR ("Grantor"): CHRISTOPHER D. CLEAVER AND SARAH L. CLEAVER, HUSBAND AND WIFE whose address is: 1131 HOMESTEAD DR, BURLINGTON, WASHINGTON 98233

TRUSTEE: Wells Fargo Financial National Bank, 2324 Overland Ave, Billings, MT 59102

BENEFICIARY ("Lender"): Wells Fargo Bank, N.A., 101 North Phillips Avenue, Sioux Falls, SD 57104

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: Assessor's Property Tax Parcel Account Number(s): P122283

LOT 39, HOMESTEAD PLACE, ACCORDING TO THE PLAT THEREOF, RECORDED DECEMBER 1, 2004, UNDER AUDITOR'S FILE NO. 200412010051, RECORDS OF SKAGIT COUNTY, WASHINGTON

with the address of 1131 HOMESTEAD DR, BURLINGTON, WASHINGTON 98233 and parcel number of P122283 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, 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 § 80,000.00 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 July 11, 2046.

WADEED – short (06/2002) CDPv.1



8/3/2006 Page

2 of

4 9:44AM

- 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 2/6/1997 as Auditor's File Number 9702060051 in Book 1626 at Page 614 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.
- 6. 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.

N/A	Third Party Rider
N/A	Leasehold Rider

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).

Out 100	7-11-06	
Grantor CHRISTOPHER D CLEAVER	De	ate
Sandr J. Cleaver	7-11-06	
Grantor SARAH L CLEAVER	Da	ate
Grantor	Da	ate
Grantor	Di	ate
Grantor	D:	ate
Grantor		ate

WADEED - short (06/2002) CDPv.1

200608030050 Skagit County Auditor

8/3/2006 Page

3 of

4 9:44AM

Grantor	Date
	Date
Grantor	2-1-

## ACKNOWLEDGMENT:

(Individual)

STATE OF WASHINGTON, COUNTY OF SKAGIT | ss.

I hereby certify that I know or have satisfactory evidence that CHRISTOPHER D CLEAVER And SARAH L CLEAVER

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/hen their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: Juli	1 11		20.06
Alleson		Uam	auchi
(Signature)			
Alluson	CY	amaus	<u>hill</u>
(Print name) N	OTARY I	PUBLIC	and the second s
My Appointmen	t expires:	4-11-	2001



WADEED - short (06/2002) CDPv.1



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