



200611160097  
Skagit County Auditor

11/16/2006 Page 1 of 5 11:37AM

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### DEED OF TRUST

Trustor(s) **ARLYN A. LIVINGSTON AND KRISTINE E. LIVINGSTON, WHO ACQUIRED TITLE AS, KRISTINE LIVINGSTON, HUSBAND AND WIFE**

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

Beneficiary **Wells Fargo Bank, N.A., 101 North Phillips Avenue, Sioux Falls, SD 57104**

Legal Description **TRACT M3, SKAGIT COUNTY SHORT PLAT NO. 94-011, APPROVED DECEMBER 12, 1994 AND RECORDED DECEMBER 14, 1994 IN VOLUME 11 OF SHORT PLATS, PAGE 157, UNDER AUDITORS FILE NO. 9412140071, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 35, AND A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 3 EAST OF THE WILLAMETTE MERIDIAN. \*\*\*ABBREVIATED LEGAL PROVIDED AS A COURTESY\*\*\* TR. M3, SKAGIT CO., SHORT PLAT 94-011, BEING PTN. OF NW1/4 OF NE1/4, SEC. 35, AND SE1/4, SEC. 26, NR3E, W.M., SKAGIT CO., WA**

Assessor's Property Tax Parcel or Account Number **36032640040403**

Reference Numbers of Documents Assigned or Released

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

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State of Washington  
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Account number: 650-650-3683042-1XXX

## SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is OCTOBER 30, 2006 and the parties are as follows:

TRUSTOR ("Grantor"): **ARLYN A. LIVINGSTON AND KRISTINE E. LIVINGSTON, WHO ACQUIRED TITLE AS, KRISTINE LIVINGSTON, HUSBAND AND WIFE** whose address is: **4879 ROBINWOOD LN, BOW, WASHINGTON 98232**

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): **36032640040403**

**TRACT M3, SKAGIT COUNTY SHORT PLAT NO. 94-011, APPROVED DECEMBER 12, 1994 AND RECORDED DECEMBER 14, 1994 IN VOLUME 11 OF SHORT PLATS, PAGE 157, UNDER AUDITORS FILE NO. 9412140071, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 35, AND A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 3 EAST OF THE WILLAMETTE MERIDIAN.**

**\*\*\*ABBREVIATED LEGAL PROVIDED AS A COURTESY\*\*\* TR. M3, SKAGIT CO., SHORT PLAT 94-011, BEING PTN. OF NW1/4 OF NE1/4, SEC. 35, AND SE1/4, SEC. 26, NR3E, W.M., SKAGIT CO., WA**

with the address of **4879 ROBINWOOD LANE, BOW, WASHINGTON 98232** and parcel number of **36032640040403** 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.

WADEED - short (06/2002) CDPv.1



200611160097  
Skagit County Auditor

3. **MAXIMUM OBLIGATION LIMIT AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$ 390,653.00 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 OCTOBER 30, 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 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
- N/A 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).


*[Handwritten Signature]*  
 Grantor ARLYN A. LIVINGSTON 10-31-06  
Date

*[Handwritten Signature]*  
 Grantor KRISTINE E. LIVINGSTON 10-31-06  
Date

\_\_\_\_\_  
 Grantor Date

\_\_\_\_\_  
 Grantor Date

WADEED – short (06/2002) CDPv.1  


  
 200611160097  
 Skagit County Auditor  
 11/16/2008 Page 3 of 5 11:37AM

Grantor

Date

Grantor

Date

Grantor

Date

Grantor

Date

For An Individual Acting In His/Her Own Right:

State of WASHINGTON

County of SKAGIT

On this day personally appeared before me ARLYN A LIVINGSTON AND KRISTINE E LIVINGSTON (here insert the name of grantor

or grantors) to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he (she or they) signed the same as his (her or their) free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal this 31<sup>ST</sup> day of OCTOBER, 2006.

Witness my hand and notarial seal on this the 31<sup>ST</sup> day of OCTOBER 2006



[Signature]  
Signature

RY SAMANT  
Print Name:

Notary Public

RY Samant

My commission expires: DEC 19, 2009



UNOFFICIAL DOCUMENT

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200611160097  
Skagit County Auditor

11/16/2006 Page

5 of

5 11:37AM

5/5

18