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200704190057
Skagit County Auditor

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DEED OF TRUST

Trustor(s) SHANNON CURTIS GROVES, ALSO KNOWN AS AND SHOWN OF RECORD AS CURTIS GROVES, AND WIFE, CHRISTINE GROVES, EACH AS TO AN UNDIVIDED ONE-HALF (1/2) INTEREST FOR THE PURPOSE OF ESTABLISHING COMMUNITY PROPERTY

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 THE NORTH 66.37 FEET OF THE WEST 137.82 FEET OF LOT 24, "PLAT NO. 2, SEDRO HOME ACREAGE, SKAGIT CO., WASH." AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 60, RECORDS OF SKAGIT COUNTY, WASHINGTON. ABBREVIATED LEGAL: N 66.37 FT OF W 137.82 FT, LOT 24, PLAT 2 SEDRO HOME ACREAGE, PLAT V3, PG 60

Assessor's Property Tax Parcel or Account Number P77196

Reference Numbers of Documents Assigned or Released

Reference: 20070857200229

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Documents Processed 03-29-2007, 10:31:38

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P.O. Box 31557 MAC B6955-015
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State of Washington
REFERENCE #: 20070857200229

Space Above This Line For Recording Data
Account number: 651-651-1452838-1XXX

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is MARCH 29, 2007 and the parties are as follows:
TRUSTOR ("Grantor"): SHANNON CURTIS GROVES, ALSO KNOWN AS AND SHOWN OF RECORD AS CURTIS GROVES, AND WIFE, CHRISTINE GROVES, EACH AS TO AN UNDIVIDED ONE-HALF (1/2) INTEREST FOR THE PURPOSE OF ESTABLISHING COMMUNITY PROPERTY whose address is: 337 CENTRAL AVE, SEDRO WOOLLEY, WASHINGTON 98284-1205

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): P77196
THE NORTH 66.37 FEET OF THE WEST 137.82 FEET OF LOT 24, "PLAT NO. 2, SEDRO HOME ACREAGE, SKAGIT CO., WASH." AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 60, RECORDS OF SKAGIT COUNTY, WASHINGTON. ABBREVIATED LEGAL: N 66.37 FT OF W 137.82 FT, LOT 24, PLAT 2 SEDRO HOME ACREAGE, PLAT V3, PG 60

with the address of 337 CENTRAL AVE, SEDRO WOOLLEY, WASHINGTON 98284 and parcel number of P77196 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 \$ 100,000.00 together with all interest thereby accruing, as set forth in

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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 **MARCH 29, 2047**.

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).

Shannon Curtis Groves 3/29/07
Grantor SHANNON CURTIS GROVES Date

Christine Groves 3/29/07
Grantor CHRISTINE GROVES Date

Grantor Date

Grantor Date

Grantor Date

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Grantor

Date

Grantor

Date

Grantor

Date

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Skagit County Auditor

For An Individual Acting In His/Her Own Right:

State of Washington

County of Skagit

On this day personally appeared before me

Shannon Curtis Groves and Christine Groves
(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 29 day of March, 2007.

Witness my hand and notarial seal on this the 29 day of March, 2007

Anissa C Hall
Signature

[NOTARIAL SEAL]

Anissa C Hall
Print Name:

Notary Public

My commission expires: Sept 28 2010

See attached

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All-purpose Acknowledgment

STATE OF Washington, COUNTY OF Skagit

On March 29 2007 before me, the undersigned, a Notary Public in and for said State, personally appeared

Christine Ann Groves and Shannon Curtis Groves

personally known to me ~~-OR-~~ proved to me on the basis of satisfactory evidence/ to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Name (type or printed)

My commission expires:

Amissa C Hall

Amissa C Hall

Sept. 28 2010

(Seal)

