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200804240032  
Skagit County Auditor

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Document Title(s) Deed of Trust

Grantor(s) MAGNUS E. UDD AND HAZEL I. UDD, HUSBAND AND WIFE

Grantee(s) U.S. Bank National Association N.D.

Legal Description SEE ATTACHED EXHIBIT A PTN GL S SEC 12 T31N R1E WM

Assessor's Property Tax Parcel or Account Number P19236 See pg. 5.

Reference Numbers of Documents Assigned or Released

State of Washington \_\_\_\_\_ Space Above This Line For Recording Data \_\_\_\_\_

ALS#: 44803131  
~~0000000000~~

DEED OF TRUST  
(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Deed of Trust (Security Instrument) is 03/11/2008.....  
..... The parties and their addresses are:

GRANTOR: ~~UDD MAGNUS E. AND HAZEL I. UDD, HUSBAND AND WIFE~~  
MAGNUS E. UDD AND HAZEL I. UDD, HUSBAND AND WIFE

If checked, refer to the attached Addendum incorporated herein, for additional Grantors, their signatures and acknowledgments.


TRUSTEE:  
U.S. Bank Trust Company, National Association  
111 S.W. Fifth Avenue, Suite 3500  
Portland, OR 97204

LENDER:  
U.S. Bank, National Association N.D.  
4355 17th Avenue S.W.  
Fargo, ND 58103



In the event that Lender fails to provide any required notice of the right of rescission, Lender waives any subsequent security interest in the Grantor's principal dwelling that is created by this Security Instrument.

- 5. MASTER FORM. By the delivery and execution of this Security Instrument, Grantor agrees that all provisions and sections of the Deed Of Trust master form (Master Form), inclusive, dated 01/19/2007 8:10 am and recorded as Recording Number N/A or Instrument Number 200701190037 in Book N/A at Page(s) N/A in the SKAGIT County, Washington, County Recorder's office are hereby incorporated into, and shall govern, this Security Instrument. This Security Instrument will be offered for record in the same county in which the Master Form was recorded.
- 6. SIGNATURES: By signing below, Grantor agrees to the terms and covenants contained in this Security Instrument and in any attachments. Grantor also acknowledges receipt of a copy of this Security Instrument on the date stated on page 1 and a copy of the provisions contained in the previously recorded Master Form.

 3/11/08  
 (Signature) MAGNUS E. UDD (Date) (Signature) ~~HAZEL I. UDD~~ (Date)

ACKNOWLEDGMENT:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ } ss.  
 (Individual) I certify that I know or have satisfactory evidence that \_\_\_\_\_  
 MAGNUS UDD  
 \_\_\_\_\_ is/are the individual(s) who appeared before me, and said individual(s) acknowledged that she/he/they signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

(Seal)

Notary Public in and for the State of Washington,  
Residing At: \_\_\_\_\_

My notary  
appointment expires:  
\_\_\_\_\_

This instrument was prepared by.....  
 First American  
 1100 Superior Avenue  
 Suite 210  
 Cleveland, OH 44114



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Skagit County Auditor

ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF Washington

COUNTY OF Skagit

CUSTOMER NAME Magnus Udd

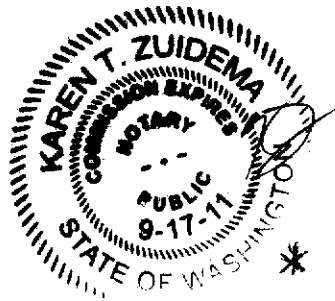
On 3/11/08 before me, Karen Zuidema, a Notary Public,  
(DATE)

personally appeared, Magnus Udd

Unmarried

\_\_\_ 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 the which the person(s) acted, executed the instrument.

\* STATE OF WASHINGTON



WITNESS my hand and official seal.

Karen Zuidema  
NOTARY SIGNATURE

My Commission Expires: 9/17/11



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EXHIBIT A

THE WEST 12.5 RODS OF ALL THAT PORTION OF GOVERNMENT LOT 5,  
SECTION 12, TOWNSHIP 31 NORTH, RANGE 1 EAST OF THE WILLAMETTE  
MERIDIAN, LYING NORTH OF THE COUNTY ROAD.

SITUATED IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON.

ABBRV LEGAL

PTN GL 5 SEC 12 T31N R1E WM

BEING ALL OF THAT CERTAIN PROPERTY CONVEYED TO MAGNUS E. UDD  
AND HAZEL I. UDD, HUSBAND AND WIFE FROM HARRY HAUGLAND,  
ANTON HAUGLAND, CARL HAUGLAND, MARGARET ANDERSON, ARTHUR  
HAUGLAND AND HAZEL I. UDD BY DEED DATED 06/02/87 AND  
RECORDED 05/22/87 IN INSTRUMENT NO. 8706020063, PAGE N/A IN  
THE LAND RECORDS OF SKAGIT COUNTY, WASHINGTON.

Permanent Parcel Number: P19236  
MAGNUS E. UDD AND HAZEL I. UDD, HUSBAND AND WIFE

5791 CAMPBELL LAKE ROAD, ANACORTES WA 98221  
Loan Reference Number : 20080581723530  
First American Order No: 14185207  
Identifier: L/FIRST AMERICAN LENDERS ADVANTAGE



U44803131-01FB06

DEED OF TRUST

US Recordings



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Local File Number

Washington State Certificate of Death

State File Number

90COPY  
25

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Hazel Irene UDD				2. Death Date Jul 20, 2006	
3. Sex (M/F) F	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death King
7. Birthdate	8a. Birthplace (City, Town, or County) Anacortes	8b. (State or Foreign Country) Washington		9. Decedent's Education Bible College Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) 5791 Campbell Lake Road				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
14. Estimated length of time at residence. 10 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Magnus Emmanuel Udd	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Missionary			18. Kind of Business/Industry (Do not use Company Name) Missions		
19. Father's Name (First, Middle, Last, Suffix) Albert (nm) Haugland			20. Mother's Name Before First Marriage (First, Middle, Last) Edith (nm)		
21. Informant's Name Magnus Udd		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1004 Comm'l Avenue PMB 335 Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Friend's Residence			25. Facility Name (If not a facility, give number & street or location) 16728 - 163rd Place SE		
26. City, Town, or Location of Death Renton		26b. State WA	27. Zip Code 98058-		
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Jul 29, 2006	
33. Funeral Director Signatures X <i>[Signature]</i>					

Part 1 completed by Funeral Director

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Pneumonia		Interval between Onset & Death 4 days	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Bronchiectasis		Interval between Onset & Death 15 years	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Pancreatic Cancer				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred				48a. Certifying Physician - On the basis of his/her knowledge, training, and experience, and after a personal examination of the body, I certify that the cause and manner stated are correct. X <i>[Signature]</i>	
48b. Medical Examiner/Coroner - On the basis of his/her knowledge, training, and experience, and after a personal examination of the body, I certify that the cause and manner stated are correct. X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Shawna L. Laursen, MD 1213 - 24th Street, Suite 100, Anacortes, WA 98221	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Julie Zamborsky, MD				50. Hour of Death (24hrs) 11:30 AM	
53. Title of Certifier M.D.				54. License Number MD00034709	
57. Registrar Signature X				55. ME/Coroner File Number NTA # 06-3768	
59. Amendments				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				58. Date Received (mm/dd/yyyy)	

Part 2 completed by Certifier



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