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SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

Nov 5 12 56 PM '97

O'Leary  
AUDITOR  
GARY M. OLSON

Return Address:

Wells Fargo Bank, N.A.  
Attn: Lien Perfection  
P.O. Box 5140  
Portland, OR 97208-5140State of Washington Space Above This Line For Recording Data  
SCR 2/269 **SHORT FORM DEED OF TRUST** 1204505 8001  
(With Future Advance Clause) 972871723430**1. DATE AND PARTIES.** The date of this Short Form Deed of Trust ("Security Instrument") is

10-28-1997 and the parties are as follows:

TRUSTOR ("Grantor"):  
LEWIS W. WILSON, AN UNMARRIED INDIVIDUAL

whose address is:

92 TREE IFIC DRIVE N WASHOUGAL, WA 98671

TRUSTEE: WELLS FARGO BANK (ARIZONA), N.A., 4832 East McDowell Rd., Phoenix, AZ 85008

BENEFICIARY ("Lender"): WELLS FARGO BANK, N.A.  
18700 NW Walker Rd., Bldg. 92  
Beaverton, OR 97006

- 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 SKAMANIA, State of Washington, described as follows:
- 
- BEGINNING AT THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 34, TOWNSHIP 2 NORTH, RANGE 6 EAST OF THE WILLAMETTE MERIDIAN IN THE COUNTY OF SKAMANIA AND STATE OF WASHINGTON, THENCE SOUTH 150 FEET; THENCE EAST TO THE WASHOUGAL RIVER, THENCE NORTHERLY ALONG THE WASHOUGAL RIVER TO THE NORTH LINE OF SAID SOUTHEAST QUARTER OF THE NORTHWEST QUARTER, SECTION 34, THENCE WEST TO THE PLACE OF BEGINNING.

Registered ☒  
Recorded, Dir ☒  
Indirect ☒  
Filed ☒  
Noted ☒with the address of 92 TREE IFIC DRIVE NORTH WASHOUGAL, WA 98671  
and parcel number of 02 05 34 2 0 0800 00, 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 AND SECURED DEBT.**
- The total amount which this Security Instrument will secure shall not exceed \$ 15,000.00 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 30 years from the date of the Secured Debt, or such lesser period as may be provided. The Secured Debt is a revolving line of credit.

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 07, 1997 as Auditor's File Number 127303 in Book 162 at Page 488 of the Official Records in the Office of the Auditor of SKAMANIA 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.

**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).

Lewis W. Wilson Grantor 10/29/99 Date

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

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

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

**ACKNOWLEDGMENT:**  
(Individual)

STATE OF Washington, COUNTY OF Clark, ss.

I hereby certify that I know or have satisfactory evidence that Lewis W. Wilson

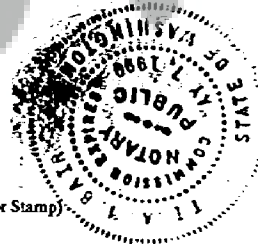
\_\_\_\_ is/are the person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: Oct. 29, 1999

Tina M. Bair  
(Signature)

Tina M. Bair - Notary  
(Print name and include title)

My appointment expires: May 7, 1999



(Affix Seal or Stamp)