

133549

BOOK 183 PAGE 752

FILED
SKAMANIA COUNTY, WASH
BY S. H. HARRIS, REC. 11/24/80

Dec 1 11 35 AM '80

Olson
ALY FOR
GARY H. OLSON

Return Address:

Wells Fargo Bank, N.A.
Attn: Lien Perfection
P.O. Box 5140
Portland, OR 97208-5140

State of Washington

Space Above This Line For Recording Data 1244168 2001
SHORT FORM DEED OF TRUST
(With Future Advance Clause)
19983011555130

1. DATE AND PARTIES. The date of this Short Form Deed of Trust ("Security Instrument") is 11-20-1938 and the parties are as follows:

TRUSTOR ("Grantor"):
ROBERT J. STANSELL AND MAUREEN KIEHN, HUSBAND AND WIFE, AS
JOINT TENANTS WITH FULL RIGHTS OF SURVIVORSHIP, BUT NOT AS TENANTS IN
COMMON

whose address is:

191 LEEIE RD CARSON, WA 98610

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:

A TRACT OF LAND LOCATED IN THE EAST HALF OF SECTION 15, TOWNSHIP 4 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, LYING NORTHERLY OF THE WIND RIVER HIGHWAY AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

LOT 1 OF THE ROBERT CARLSON SHORT PLAT, AS RECORDED UNDER AUDITORS FILE NO. 85987 IN BOOK 2 OF SHORT PLAT ON PAGE 36, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

6-19-18
Audited by
Auditor
11/24/80

with the address of 191 LEEIE RD CARSON, WA 98610 and parcel number of 04-07-15-0-0-0400-00, 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 \$ 73,000.00 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 11-29-2013

W2384 (10/97)

WASHINGTON-DEED OF TRUST

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 486 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).

Robert J. Stansell
ROBERT J STANSELL
Grantor
11/21/98
Date

Maureen Kiehn
MAUREEN KIEHN
Grantor
11/21/98
Date

ACKNOWLEDGMENT:

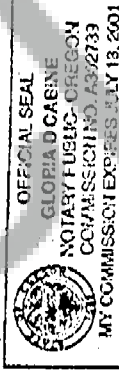
(Individual)

STATE OF Oregon, COUNTY OF Clatsop ss.

I hereby certify that I know or have satisfactory evidence that

Robert J. Stansell and
Maureen Kiehn

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: 11-21-98*Gloria D Cabene*
(Signature)*MANAGER*
(Print name and include title)My appointment expires: 7-18-2001

(Affix Seal or Stamp)