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Recording Requested by: Wells Fargo Bank When Recorded Return to: Fidelity National LPS P. O. BOX 19523 Irvine, CA 92623-9523 Code: WFD

REFERENCE # 20022247000115 ACCOUNT #: 0654-654-3929353-1998 SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 08/29/2002 and the parties are as follows:

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

whose address is:

191 LEETE RD CARSON, WA. 98610

TRUSTEE: Wells Fargo Financial National Bank c/o Specialize Service

401 West 24th Street, National City, CA 91950

BENEFICIARY ("Lender"): Wells Fargo Bank, N. A. P. O. 80X 31557 BILLINGS, MT 59107

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 of Washington, described as follows:

THE FOLLOWING DESCRIBED 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. 8598? IN BOOK 2 OF SHORT PLAT ON PAGE 36, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

with the address of 191 LEETE RD CARSON, WA 98610 and parcel number of 04-07-15-0-0-0400-00ogether with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all

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WASHINGTON - DEED OF TRUST

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.

MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$70,000.00 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 threwith, 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 08/29/2042

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 Febreary 1, 1997 and recorded on February 7, 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.

USE OF PROPERTY. The property subject to this Security Instrument is not used principally for agricultural or farming purposes.

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.

Third Party Rider

Leasehold Rider

EXA Other

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).

RHA. STAT	A	8/29/02
ROBERT & STANSELL aka ROBERT STANSELL	Granto.	Date P- 24.02
MAUREEN H KIEHN AKA MAUREEN KIEHN	Grantor	Date
	Grantor	Date
	Crantor	Date
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
(Individual)	4	•
STATE OF COUNTY OF A	14 transiti	l ce
I hereby certify that I know or have satisfactory evidence that X	cine (+ Strose)	_, ss.
Maureen Killen	TI Dilie:	<u> </u>
		is/are the
person(s) who appeared before me and said person(s) acknowle	edged that he/she/they	signed this instrument and
acknowledged it to be his/her/their free and voluntary act for th	e uses and purposes me	entioned in the instrument
Direct: 8 29/02		,11
	100	20000000000000000000000000000000000000
C Ruthe Countered Personal Banker		OFFICIAL SEAL RUTHIE CRAWFORD
(Print name and include title)	7 (≥ 7 N	OTARY PUBLIC ORECOM
My Appointment expires: 4-29-06	MY COMMIS	COMMISSION NO. 357280 SION EXPIRES APR. 29, 2006
, it =	1000000	23, 2000

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