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REFERENCE # 20033352200089 ACCOUNT #: 0650-650-1840584-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 12/23/2003 and the parties are as follows:

TRUSTOR ("Grantes"): GARVISON AND JOHN M. GARVISON, WIFE AND HUSBAND

whose address is:331 ROBSON RO WASHOUGAL, WA. 98671
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. BOX 31557
BILLINGS, MI 59107

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. Grants insurable grants conveys and sells to Trustee. in trust for the benefit of Lender, with 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 of Washington, described as follows: SKAMANIA

with the address of 331 ROBSON RD WASHOUGAL. WA 98671 and parcel number of 02-05-30-0-0-1803-00 easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, together with all rights, EQ249A (06/2002) WASHINGTON - DEED OF TRUST

BUNK 256 PAGE 764

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.

CONTRACTOR CONTRACTOR

- MAXIMUM OBLIGATION LIMIT AND SECURED DEBT. The total amount which this Security Instrument will secure shall not exceed \$29,400.00 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 01/11/2019
- 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 10, 1997 as Auditor's File Number 9702100017 in Book N/A at Page N/A of the Official Records in the Office of the Auditor of CLARK 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

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

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).

M. M. Lon		12.22.63
The better Yas 1802	Grantor	12/20/03
ELIZABETH E GARVISON	Grantor	Date
	Grantor	Date
ACKNOWLEDGMENT:		- A
(Individual) 1: 3	. 1	. "
STATE OF WISh A STOT , COUNTY O	E Clark	
I hereby certify that I know or have satisfactory evidence the	na Elizabeth & My	Le Garyson
thereby certary that I know of have satisfactory evidence to	IN CHESTA DE TON	
person(s) tibe approved before maked with the		is/are the
person(s) who appeared before me and said person(s) ack	cnowledged that he/she/they si	gned this instrument and
acknowledged it to be his/her/their free and voluntary act	for the uses and purposes men	tioned in the instrument.
Dated 12 62-2		lae.
(Signature)	THE LEA	VIII
ROLYN Ellen Lilliquist	100 0 00 00 00 00 00 00 00 00 00 00 00 0	Section.
(Print name and include title)	THE STATE OF THE S	'&& ````
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my appointment expires. 12 21	Affix Scal	or Stamp)
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