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REFERENCE # 20033247400694 ACCOUNT #: 0651-651-2440156-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 01/23/2004
and the parties are as follows:

TRUSTOR ("Grantor"):
KENT EVANS AND PAMELA K. EVANS, HUSBAND AND WIFE

whose address is: 21 FAIRVIEW LN 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, 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, State of Washington, described as follows:
THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOT 1 OF THE R. MALFAIT SHORT PLAT, AS RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 51, RECORDS OF SAID COUNTY.

with the address of 21 FAIRVIEW LN WASHOUGAL, WA 986717014
and parcel number of 02-05-31-1-0-02-01-00 together with all rights,
easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches,
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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 LIMIT AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$140,000.00 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 01/23/2044.
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 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.

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).

<u>Kent Evans</u>	Grantor	<u>1-27-04</u>
KENT EVANS		Date
<u>Pamela K. Evans</u>	Grantor	<u>1/27/04</u>
PAMELA K EVANS		Date
_____	Grantor	_____
_____	Grantor	_____
_____	Grantor	_____
_____	Grantor	_____
_____	Grantor	_____

ACKNOWLEDGMENT:

(Individual)

STATE OF Washington, COUNTY OF Clark } ss.

I hereby certify that I know or have satisfactory evidence that Kent Evans 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: 1/27/2004

LeAnn R Gilmore

(Signature) LeAnn R Gilmore, Notary

(Print name and include title)

My Appointment expires: 9-19-2006

EQ249B (0/2002)

