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REFERENCE # 20041257200965 ACCOUNT #: 0650-650-3479145-0001

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Deed of Trust ("Security Instrument") is 05/17/2004 and the parties are as follows:

TRUSTOR ("Grantor"):
BENJAMIN HAUSMANN, AN UNMARRIED MAN

whose address is: 81 LARSON RD UNDERWOOD, WA, 98651

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:

LOT 1, MARTHA LEHMANN SHORT PLAT #2, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK 3, PAGE 9, SKAMANIA COUNTY SHORT PLAT RECORDS, BEING IN THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 15, TOWNSHIP 3 NORTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

ABBREVIATED LEGAL: SECTION 15, TOWNSHIP 3 NORTH, RANGE 10

with the address of 81 LARSON ROAD UNDERWOOD, WA 986519006

and parcel number of 3-1015 001701 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 \$20,000.00 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 05/15/2017.
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>Benjamin Hausmann</u>	Grantor	<u>5-17-04</u>	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date
_____	Grantor	_____	Date

ACKNOWLEDGMENT:

(Individual)

STATE OF OREGON, COUNTY OF Hood River } ss.

I hereby certify that I know or have satisfactory evidence that

BENJAMIN HAUSMANN 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: 5/17/04

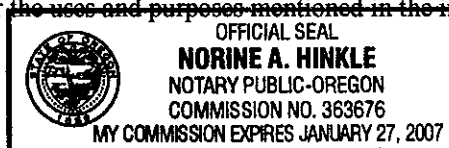
Norine A. Hinkle

(Signature)

NORINE A. HINKLE

(Print name and include title)

My Appointment expires: 1-27-2007



(Affix Seal or Stamp)

SUBSTITUTION OF LEGIBLE ORIGINAL DOCUMENT

(GOVERNMENT CODE 27361.7)

**I DECLARE UNDER PENALTY OF PERJURY THAT THIS
HANDWRITTEN / TYPEWRITTEN LEGIBLE COPY
IS A TRUE COPY OF THE ORIGINAL PAGE(S)**

DATE: 5/2/04 **SIGNATURE:** 