Doc # 2005156254

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Date: 02/14/2005 02:52P

Filed by: WELLS FARGO BANK

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$22.00

Return Address:
Wells Fargo Bank, N.A.
P. O. BOX 31557
BILLINGS, MT 59107
DOCUMENT MANAGEMENT
State of Washington

Space Above This Line For Recording Data

REFERENCE # 20043657000286 ACCOUNT #: 0651-651-7668228-1998

SHORT FORM DEED OF TRUST

(With Future Advance Clause)

1. DATE AND PARTIES. The date of this Short Deed of Trust ("Security Instrument") is 01/24/2005 and the parties are as follows:

TRUSTOR ("Grantor"):
LEE ROSNER, A SINGLE MAN

whose address is: 63 PO BOX NORTH BONNEVILLE, WA, 98639

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 3 OF SHORT PLATS, RECORDED IN BOOK 'I' OF SHORT PLATS, PAGE 115, RECORDS OF SKAMANIA COUNTY, WASHINGTON. TITLE TO SAID PREMISES IS VESTED IN LEE ROSNER, A SINGLE MAN BY DEED FROM NORTH BONNEVILLE, L.L.C., A WASHINGTON LIMITED LIABILITY COMPANY DATED 10/27/2004 AND RECORDED 11/8/2004 AS INSTRUMENT NO. 2004155110.

with the address of 1123 WACHOMAC DR NORTH BONNIVILLE, WA 98639 and parcel number of 020729222400 together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, EQ249A (12/2004) WASHINGTON – DEED OF TRUST

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 \$60,000.00 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 01/24/2045
- 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.

- N/A Third Party Rider
- N/A Leasehold Rider
- N/A Other N/A

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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).

9. N		1/24/05
LEE ROSNER	Grantor	Date
	Grantor	Date
		O
	Grantor	Date
	Grantor	Date
	/ /	1
	Grantor	Date
ACKNOWLEDGMENT:	Grantor	Date
(Individual) STATE OF WA, COUNTY O	_F Clark	} ss.
I hereby certify that I know or have satisfactory evidence the		is/are the
person(s) who appeared before me and said person(s) acl acknowledged it to be his/her/their free and voluntary act Dated:	knowledged that he/she/they a for the uses and purposes me	signed this instrument and
(Signature) Signature Shiplet Notar	8 miles	MAN 30 3
(Print name and include title) My Appointment expires: Chart Shift For Note	(Affix Sea	al or Stamphs 10 nd
		(AATO : 50
		All Hard