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11/28/2007 08:36:07 AM

Fee: \$46.00

ALL TRANSACTIONS, ORS: 205.234

This cover sheet has been prepared by the person
Presenting the attached instrument for recording.
Any errors in this cover sheet DO NOT affect the
Transaction(s) contained in the instrument itself.

THIS SPACE RESERVED FOR
COUNTY RECORDING USE ONLY

AFTER RECORDING RETURN TO:

Wells Fargo Bank, N.A.
P.O. Box 31557 MAC B6955-013
Billings, MT 59107-9900

PRINT or TYPE ALL INFORMATION

The date of this Short Form Line of Credit Deed of Trust ("Security Instrument") is NOVEMBER 05, 2007

1) NAME(S) OF THE TRANSACTION(S) required by ORS 205.234(a)
Short Form Line of Credit Deed of Trust

2) DIRECT PARTY / GRANTOR, required by ORS 205.125(1)(b) and ORS 205.160
MICHAEL CLIFFORD GRIFFIN

3) INDIRECT PARTY / GRANTEE, required by ORS 205.125(1)(b) and ORS 205.160
Wells Fargo Bank, N.A.

4) TRUSTEE NAME and ADDRESS
Wells Fargo Financial National Bank, c/o Specialized Services, PO Box 31557 Billings, MT 59107

5) All TAX STATEMENTS SHALL BE SENT TO THE FOLLOWING ADDRESS:
MICHAEL CLIFFORD GRIFFIN , 31390 THOMAS LN, FORT BRAGG, CALIFORNIA 95437-8288

6) TRUE and ACTUAL CONSIDERATION (if any), ORS 93.030
\$ 69,000.00

7) FULL OR PARTIAL SATISFACTION ORDER or WARRANT FILED IN THE COUNTY CLERKS LEIN RECORDS,
ORS 205.121(1)(e)

8) THE AMOUNT OF THE CIVIL PENALTY or THE AMOUNT, INCLUDING PENALTIES, INTEREST AND OTHER
CHARGES FOR WHICH THE WARRANT< ORDER OR JUDGMENT WAS ISSUED. ORS 205.125(1)(c) and ORS 18.325

9) Rerecorded to correct
Previously recorded as



Until a change is requested, all tax statements shall be sent to the following address:
MICHAEL CLIFFORD GRIFFIN
31390 THOMAS LN
FORT BRAGG, CALIFORNIA 95437-8288

Prepared by:
Wells Fargo Bank, N.A.
APRIL CHONG SMITH
DOCUMENT PREPARATION
18700 NW WALKER RD #92
BEAVERTON, OREGON 97006
503-614-5970

Return Address:
Wells Fargo Bank, N.A.
P.O. Box 31557 MAC B6955-013
Billings, MT 59107-9900

TAX ACCOUNT NUMBER
R535790

State of Oregon
REFERENCE #: 20072407500494

Space Above This Line For Recording Data
Account number: 651-651-2149904-1XXX

SHORT FORM LINE OF CREDIT DEED OF TRUST (With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Short Form Line of Credit Deed of Trust ("Security Instrument") is **NOVEMBER 05, 2007** and the parties are as follows:

TRUSTOR ("Grantor"): **MICHAEL CLIFFORD GRIFFIN, A MARRIED MAN**

whose address is: **31390 THOMAS LN, FORT BRAGG, CALIFORNIA 95437-8288**

TRUSTEE: **Wells Fargo Financial National Bank, c/o Specialized Services, PO Box 31557 Billings, MT 59107**

BENEFICIARY ("Lender"): **Wells Fargo Bank, N.A., 101 North Phillips Avenue, Sioux Falls, SD 57104**

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 **KLAMATH**, State of Oregon, described as follows:
ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF KLAMATH, STATE OF OREGON, DESCRIBED AS: LOT 24, BLOCK 13, STEWART, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF KLAMATH COUNTY, OREGON.

with the address of **3150 BUTTE ST, KLAMATH FALLS, OREGON 97601** and parcel number of **R535790**, together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all

ORDEED-short, CDP.V1 (06/2002)



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water and riparian rights, ditches, 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 AND SECURED DEBT.** The total amount which this Security Instrument will secure shall not exceed \$ **69,000.00** 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 **NOVEMBER 05, 2047.**
4. **MASTER FORM LINE OF CREDIT DEED OF TRUST.** By the delivery and execution of this Security Instrument, Grantor agrees that all provisions and sections of the Master Form Line of Credit Deed of Trust ("Master Form"), inclusive, dated **February 1, 1997** and recorded on **2/10/1997** as Instrument Number **32645** in Book **M 97** at Page **4115** of the Official Records in the Office of the Recorder of **KLAMATH** County, State of Oregon, are hereby incorporated into, and shall govern, this Security Instrument.
5. **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

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).


Grantor **MICHAEL CLIFFORD GRIFFIN**

11/5/07
Date

Grantor Date

Grantor Date

Grantor Date

Grantor Date



Grantor	Date
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Grantor	Date
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Grantor	Date
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ORDEED-short, CDP.V1 (06/2002)



ACKNOWLEDGMENT:

For An Individual Acting In His/Her Own Right:

State of Oregon)

County of _____)

This instrument was acknowledged before me on _____ (date) by

(name(s) of person(s))

- Please see attached -

(Seal, if any)

(Signature of notarial officer)

Title (and Rank)

My commission expires: _____

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of MENDOCINO

SS.

On 11/5/07 before me, TERRIE MICHELLE CURTI, NOTARY PUBLIC

Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared MICHAEL CLIFFORD GRIFFEN

Name(s) of Signer(s)

- ☒ personally known to me
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Terrie Michelle Curti
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

