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12/17/2007 08:35:26 AM Fee: \$41.00

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 20, 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  
LYNN E WEBB
- 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:  
LYNN E WEBB , 33649 KENO SPRINGS RD, BONANZA, OREGON 97623-7774
- 6) TRUE and ACTUAL CONSIDERATION (if any), ORS 93.030  
\$ 42,000.00
- 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:  
LYNN E WEBB  
33649 KENO SPRINGS RD  
BONANZA, OREGON 97623-7774

Prepared by:  
Wells Fargo Bank, N.A.  
AARON MICHAEL  
DOCUMENT PREPARATION  
11601 N BLACK CANYON HWY  
PHOENIX, ARIZONA 85029  
877-524-0865

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

TAX ACCOUNT NUMBER  
TAX ID# R468247

State of Oregon ————— Space Above This Line For Recording Data —————  
REFERENCE #: 20073057500221 Account number: 650-650-7636699-0XXX

## 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 20, 2007 and the parties are as follows:

TRUSTOR ("Grantor"): LYNN E. WEBB, A SINGLE PERSON

whose address is: 33649 KENO SPRINGS RD, BONANZA, OREGON 97623-7774

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:  
**THE FOLLOWING DESCRIBED REAL PROPERTY, FREE OF ENCUMBRANCES EXCEPT AS SPECIFICALLY SET FORTH HEREIN IN THE COUNTY OF KLAMATH AND STATE OF OREGON, TO WIT: LOTS 6 AND 7 IN BLOCK 51 OF KLAMATH FALLS FOREST ESTATES, HIGHWAY 66 UNIT, PLAT NO. 3, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON. SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.**

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with the address of 33649 KENO SPRINGS ROAD, BONANZA, OREGON 97623 and parcel number of TAX ID# R468247, together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all 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 \$ 42,000.00 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 25, 2022.

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.

☐ 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).

Lynn E. Webb  
Grantor **LYNN E WEBB**

11/20/07  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor

\_\_\_\_\_  
Date

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Grantor \_\_\_\_\_ Date \_\_\_\_\_

Grantor \_\_\_\_\_ Date \_\_\_\_\_

Grantor \_\_\_\_\_ Date \_\_\_\_\_

Grantor \_\_\_\_\_ Date \_\_\_\_\_

*[Handwritten signature]*



**ACKNOWLEDGMENT:**

For An Individual Acting In His/Her Own Right:

State of Oregon )

County of )

Klamath

This instrument was acknowledged before me on 11/20/02 (date) by

Lynn E Webb

(name(s) of person(s))

(Seal, if any)

Katrina Hardman  
(Signature of notarial officer)

Notary  
Title (and Rank)

My commission expires: 10/5/09



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