IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2003 SEP -8 PM 12: 06

WERNER CHRISTEN RECORDER

ଓଠ KA DEPUTY

Recording requested by:

Wells Fargo Bank, N.A.

Recording Requested by:

Wells Fargo Bank When Recorded Return to: Fidelity National LPS

P.O. BOX 19523 Irvine, CA 92623-9523 Code: WIT WITTE

Attn:LIEN PERFECTION

Account No.: 117-0117706

FOR RECORDER'S USE ONLY

REFERENCE # 20032176200013

ACCOUNT #: 0117-117-0117706-0001

## AMENDMENT TO DEED OF TRUST AND ACCOUNT AGREEMENT

CREDIT LIMIT INCREASE

THIS AGREEMENT dated08/22/2003	is made by			
DEBORAH K TRKJA				
THOMAS C DIMITRIADIS				
("Customer") and DEBORAH K. TRKJA, AN UNMARRIED WOMAN				
	("Trustor") and			
	"Beneficiary"), the present holder of the Deed of Trust and			
revolving line of credit agreement (the "Agreement"	), including any amendments thereto. The parties agree as			
follows:	\ \ \ \			
That certain Deed of Trust dated09	/27/2002 and recorded on 10/04/2002			
as Instrument Number 0553809 in Boo	k N/A at Page N/A of the official records			
in the Office of the Recorder of DOUGLAS	County, State of NV, is hereby			
amended as set forth below. Unless otherwise specified, all terms used in the Amendment shall have the same				
meaning as such terms have in the Deed of Trust.				
The maximum principal amount of indebted	ness ("Credit Limit") payable to Beneficiary pursuant to the			
Agreement IS HEREBY INCREASED to:				
TWO HUNDRED THOUSAND & 00/100D0LLAR	S			
	( <u>\$ 200</u> , 000.0 <u>0</u> ).			
	the Deed of Trust and Agreement including any amendments			
thereto, as hereby amended, remain in full force and e	ffect, evidencing a valid lien on the Subject Property.			
ASSESSOR'S PARCEL NUMBER 1320-35-06	)2-052			
THE LAND AFFECTED BY THIS INSTRUMENT	IS THE SAME AS SET FORTH IN THE DEED			
OF TRUST HEREINABOVE REFERRED TO				
_ / /				

0589098 BK0903PG03089

**AMENDMENT TO DOT - CREDIT INCREASE** 

Deborah K. Liga DEBORAH K TRKJA		8/26/03
DEBORAH K TRKJA	CUSTOMER	DATE
THOMAS C DIMITRIADIS	CUSTOMER	DATE
	CUSTOMER	
Deborah K. Pilja	TRUCTOR	8/26/03
DEBURAH K TRKSA	TRUSTOR	/ DATE
	TRUSTOR	DATE
	TRUSTOR	DATE
	TRUSTOR	DATE
	TRUSTOR	DATE
	TRUSTOR	DATE
Wells Fargo Bank, N.A.  BY: Surviva Bantisa	_, AUTHORIZED SIGNER	8-28-2003 Date
STATE OF S-26-03 before me, But	OWLEDGEMENT Lib	County} ss:
personally appeared Deborah K. Triky	of Constitution	
personally known to me - OR - proved to me on the bat to be the person(s) whose name(s) is/are subscribed to the he/she/they executed the same in his/her/their authorized cap instrument the person(s), or the entity upon behalf of which the	ne within instrument and acacity(i <del>es)</del> , and that by h <del>is/</del> her	their signature(g) on the
WITNESS my hand and official seal.  Signature: Both C. Ev  Name (typed or printed)	glebrick	
My Commission expires: $12-08-06$		
OFFICIAL SEAL BETTY C. ENGLEBRICK NOTARY PUBLIC-CALIFORNI. COMM. NO. 1384226 RIVERSIDE COUNTY MY COMM. EXP. DEC. 8, 2006	A (F)	BK 0 9 0 3 PG 0 3 0 9 0

THOMAS C DIMITRIADIS THOMAS C. DIMITRIADIS	CUSTOMER CUSTOMER CUSTOMER CUSTOMER CUSTOMER CUSTOMER	DATE  DATE  DATE  DATE  DATE  DATE		
Deborah K. Telja DEBORAH K TRKJA	TRUSTOR	8/26/03 DAYE		
	TRUSTOR	DATE		
Wells Fargo Bank, N.A.	TRUSTOR	DATE		
BY: <u>PUNION E JAM 1987C</u> , AUTHORIZED SK	$\vee$	8.28.2003 DATE		
STATE OF nevada, Douglas		County} ss:		
personally appeared Thomas a Dimitriadis	well			
personally known to me - OR - \( \) 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 seah				
Signature: Yeat Aubl		DESCOVA PILATE		
Name (typed or printed)		PEGGY A. ELWELL  Notary Public - Nevada		
My Commission expires: 7/29/2005		No. 93-4100-5 My appt. exp. July 29, <b>2005</b>		
		The second secon		

AMENDMENT TO DOT - CREDIT INCREASE

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California personally appeared personally known to me proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are NICOLE MAYNE subscribed to the within instrument and Commission # 1254450 Notary Public - California acknowledged to me that he/she/they executed Contra Costa County 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. ൂny hand ang offi lace Notary Seal Above 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

© 1999 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.nationalnotary.org

☐ Trustee

Other:

Guardian or Conservator

Signer Is Representing:

Prod. No. 5907

Reorder: Call Toll-Free 1-800-876-6827

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California personally appeared personally known to me proved to me on the basis of satisfactory evidence NICOLE MAYNE to be the person(s) whose name(s) is/are subscribed to the within instrument and Commission # 1254450 Notary Public - California acknowledged to me that he/she/they executed Contra Costa County 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. Place Notary Seal Above **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 Rocument Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: I Individual ☐ Corporate Officer — Title(s): □ Partner — □ Limited □ General ☐ Attorney in Fact ☐ Trustee Guardian or Conservator Other: Signer Is Representing:

© 1999 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.nationalnotary.org

Reorder: Call Toll-Free 1-800-876-6827