|                                                                  | '92 DEC 11 PH 2 06 Vol.mg 2 Page 29571                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55104                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DMV                                                              | APPLICATION TO EXEMPT A MOBILE HOME FROM<br>RETURN TO: REGISTRATION AND TITLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CRECCH NOTOR VENCLES DYNESON<br>INS LANS AVE, NE, BALEN OR S7314 | K1. Co. Title Co. Owner's Certificate of Legal Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ISTRUCTIONS:                                                     | 422 Main St.<br>Klamath Falls, OR 97601<br>ust be completed, signed by all interest-holding parties and have a Title Report or Lot Book Report attached. The Title<br>Book Report cannot be over 7 days old when submitted to the Motor Vehicles Division.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| This form mu<br>Report or Lot                                    | ust be completed, signed by all interest-holding parties and have a filte hoper bivision.<br>It Book Report cannot be over 7 days old when submitted to the Motor Vehicles Division.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| This form an                                                     | of Book Report cannot be over 7 days on when economic<br>and Title Report or Lot Book Report must be submitted with your mobile home ownership documents and, if the mobile<br>be financed by a third party, proof of a loan approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| nome is to b                                                     | PABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| WF the undersig                                                  | igned hereby certify that I/WE am/are the owner(s) of record of real property, the legal description and location of which is arrived by county recorder or a certified copy of your deed may be substituted):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| description as rec                                               | igned hereby certify that I/WE am/are the owner(s) of record of one substituted):<br>accorded by county recorder or a certified copy of your deed may be substituted):<br>OF LAND SITUATED IN GOVERNMENT LOTS 31 & 36<br>OF LAND SITUATED IN GOVERNMENT LOTS 31 & 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PARCEL                                                           | OF LAND GOVERNMENT LOTS 2 AND 7 OF SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| N TOWNS                                                          | HOME IS ON LOTS 31 and 36 OF SECTION 4-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                  | SEE EXHIBIT "A"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| If there is a mort                                               | SEE EXHIBIT "A"<br>tgage, deed of trust or lien on this land list all mortgages and beneficiaries of deeds of trust below. Space is provided for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| two names and a                                                  | addresses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AME AND ADDRESS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| AME AND ADDRESS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                  | $(1 - 20005007) \cdot 1880.6 - 8599.111$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Tax Lot Number                                                   | rr (from assessor): 18806 - R5997111<br>PARTIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                  | PARTIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I/WE further ce                                                  | In of the filouie forme to the termination of the filouite to     |
| YEAR                                                             | MARE $24$ (65 51024AD, Later and doods of trust and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1979                                                             | <b>MARKY HOME</b> $24$ $65$ $51074AB$ , $122$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ $100$ |
| If there is a se                                                 | ecured interest in the mobile home below. Space is provided for two marries, decrease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| from the parties                                                 | s listed below are then opposite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NAME AND ADDRESS                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| NAME AND ADDRESS                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                  | I SIGNATURE OF SECURED PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SIGNATURE OF SECU                                                | URED PARTY X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Tax Lot Numb                                                     | ber (from assessor):<br>a land and/or mobile home described above free and clear of all mortgages, deeds of trust, security interests and liens.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I/WE own the                                                     | a land and/or mobile home account of the permanent plate assigned to this vehicle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I/WE certify th                                                  | hat the statements made user (100 REF. 505-183-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SIGNATURE OF OW                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SIGNATURE OF OW                                                  | TADDRESS - 416A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Anoreldes                                                        | V OFFICEUSEON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| V                                                                | OFFICE USE ONLY X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                  | n for exemption for a mobile home is hereby approved X1 denied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Application                                                      | SIGNATURE OF DRIVOFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| DATE 12/8/                                                       | 192 × Jullac Hught                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10/01                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| This exem                                                        | ption is VOID if not recorded with the county within 15 calendar days from: $12/9/92$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                  | ECORDING AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 735-6722 (8-92)                                                  | SEE REVERSE FOR COORT TIESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## 29572

## EXHIBIT "A"

## DESCRIPTION OF PROPERTY

The following described real property situated in Klamath County, Oregon:

A parcel of land situated in Government Lots 31 and 36 of Section 4, and Government Lots 2 and 7 of Section 9, all in Township 35 South, Range 7, E.W.M., more particularly described as follows:

Beginning at a point on the Section line common to said Sections 4 and 9 from which the i corner common to said Sections 4 and 9 bears 5. 89\*38'24" West a distance of 280.00 feet; thence from said point of beginning South 949.17 feet; thence East 502.11 feet to a point on the Westerly right of way line of U.S. Highway No. 97; thence North 04\*02'34" East along said Westerly right of way line 2273 feet, more or less, to a point on the North line of said Government Lot 31; thence West along said North line of Government Lot 31, 187 feet, more or less, to the Easterly right of way line of the South Chiloquin State Highway; thence Southerly and Westerly along said Easterly and Southerly right of way line of said South Chiloquin State Highway to a point that is North of the point of beginning; thence South 412.0 feet, more or less, to the point of beginning. EAVING AND EXCEPTING, that portion taken by the State in Stipulated Final Judgment, recorded June 6, 1990, in Volume M90 page 10922, Records of Klamath County. Oregon.

## STATE OF OREGON: COUNTY OF KLAMATH: ss.

| Filed for record at | request ofKlamath County Title co the llth       |
|---------------------|--------------------------------------------------|
| of <u>Dec.</u>      | A.D., 19 92 at 2:06 c'clock Physics the 11th day |
|                     | of Deeds M92                                     |
|                     | on Page295/1                                     |
| FEE \$15.00         | Evelyn Biehn - County Clerk                      |
|                     | By Daule Mullindere                              |
|                     |                                                  |
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