					2
	After recor	ding return to:	Klamath Co. Title 422 Main St. K Falle OR	97601- 1145-Lage	5143
9689			INTERNAL PREMI IN THE ACTUR	ED STRUCTUR	Ε
DMV	- APPLIC			ING	
TI MENT OF TRANSPORT		Owt	er's Certificate of Legal Interest		
ANA AVE, NE SALEM OR	191314		est-holding parties and have a Title R	eport or Lot Book Report a	attached
Complete all	sections. This form m	ust be signed by all inte neri submitted to DMV.	est-noising permanent actured structure	e ownership documents ar	nd, if the
which cannot	Title Report or Lot B	ook Report must be sub	nitted with your management		
manufacture	U Suddiere	THE R. P. LEWIS CO., LANSING MICH.	PARTI	a setified copy of your de	ed may be
al description a stituted):	and location of real pro Lot 5, Block	1., (ITY OF MERI	on as recorded by county recorder or ILL, according to the off Clark of Klamath County,	Oregon.	
on fi					
the la motio	age, deed of trust or l	ien on this land list all r	ortgagees and beneficiaries of deeds		tai 100
names and a E AND ADDRESS	age, deed of trust of t ddresses. If there are	none, write none :	Sunnyside Road, #265, Clac	<u>kamas, OR 97015</u>	
RD CONSUM	ER FINANCE COMP	<u>AIY, 10121 S.E.</u>			
	(from assessor): 41	10-2DD-2100	Key NO. 121255 PART II		**
	n of the manufactured	structure which is local	d on the real property described abov		- i
	THATE	WDT	48 OPET R48B19	539-LP	manufactured
995	LAKE PUINTE	gagees beneficiaries of	48 ORFLR48B19 deeds of trust, and lienholders whose , addresses and approvals. Signature mone, write "none".	s from the parties listed b	elow are their
WORD CONSU	MER FINANCE CON	TPANY, 10121 S.E	Sunnyside Roser	ackanee1	
UME AND ADDITES		DATE	10 1 SIGNATURE OF SECURED PARTY	IFHICLES DIVISI	DATE
A MURE OF SEC	N VIOUNAL	10		IJAN 09 735	
	ber (from assessor):	outs of the permanent p	ate assigned to this vehicle.	teurs to al trust	mortgages and
L We co	that the statements r	na le above are accura	e to the best of my/our knowledge. have certified this by writing "none" in	All light beeds of field, the space provided.	
20001113		. If there are none, I/W			LEPHONE (Optional)
PRINTED NAME OF			md It (PO. Box 935)7	Wer W. CR 9763+ 5	503-798-564
Barb	ara I. hlean	NOORESS W	md St (P.C. USK 15.1)		
STENATURE OF O	-			V OFFICE USE O	
· · · · ·	I OFFICE USE ONLY		ire is hereby approved.		
Application	n for exemption for a	a manufactured struct	ire is hereby approved.		
DATE 2 2	-95 x	ATU RECT DIAVORENCER	Cooper		
	- 10		county within 15 calendar days	from: - 3-6	متحسب معيناه بسبين
This exer	nption is VOID if n	a substant and the second s			
BI MIX IX	1.11	UNTY OF KLAMATH		0.	-h day
		klamat	h Councy 1200 A M.	the 8t and duly recorded in Vol.	M95
Filed	l for record at request March	ofA.D., 19 A.D., 19 Deed	11:04 o'clock A M., on Page	5143 Bernetha & Letsch. Count A Alexandre	ty Clerk
		111	By Synet	2 Herteg	
FEE	\$ \$10.00	à	August Strategy and Strategy an		.*