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INSTRUCTIONS										N707	409		
	C th	omplete at cann	i ali sei ot be c	ctions. This f	orm must be sig d when submitt	gned by all	interest-ho	ding par	ties and hav	e a Title Re	port or Lot Boot	(Report office)	
77	17	nis form	and Ti	tle Report or	Lot Rock Deen					d structure	ownership docu	r ropon adaen	red
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Ъ.	Légal d substitu	escripti ted):	on and	location of	real property (descriptio:	as record	ed by co	ounty record	ler or a ce	ntilled copy of y		
	Ň	,	LOE 9	, Slock 4	, Klamath	River A	Acres, i	n the	County o	of Klama	ith, State	our ceed may	/be
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	Forest Products Federal Credit Union, P. O. Box 1179, Klamath Falls, OR 97601												
	NAME AND A	DORESS							J, KIBE	ich rall	s, OR 976	01	
	Tax Lot	Number	(Irom	assessor):									
	Legal description of the manufactured structure that is located on the real property described above:												
Í	EAA		MAYE		WIDTH		TLENGTH	property					
	1998		Gr		324				VEHICLE IDEN				
List all security interest holders, mortgagees, beneficiaries of deeds of trust, and lienholders whose interest is secured by the more											the manufacture		
N	structure described above. Space is provided for two names, addresses and approvals. Signatures from the parties listed below are their name and accured that the application may be submitted. If there are none, write "none".												
NAME AND ACORESS													
	Forest Products Federal Credit Union, P.O. Box 1179, Klamath Falls, Oregon 97603												
5													
	Tax Lot Number (from assessor): COde97 Map 3908-3180-TL 5700												
	UWe do not know the whereabouts of the permanent plate assigned to this vehicle.												
	We cert	ity that	the st:	temonte mo	da								
I/We certify that the statements made above are accurate to the best of my/our knowledge. All liens, deeds of trust, mortgages and security interests have been listed. If there are none, I/We have certified this by writing "none" in the space provided.													
Cora Isabel Gathwright and Lana Kay Bryan													
X	Jama	Kau	Sau	1000	DO D						TEL	PHONE (Optional)	
X	Cintone OF	owney J	sal	el grate	ADDRESS	<u>x_689,</u>	Keno,_01	cegon_	97627		1	1-882-469	1
	X Correr Joseph July 2000 100 100 100 100 100 100 100 100 10												
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Application for exemption for a manufactured structure is hereby approved.													
UNTE SOCIATURE OF DIAVOLECER													
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o		May		A.D., I	9 <u>98</u> at	11:22	& Escro		M and J	the	28th	day	
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