

98 NOV 17 P3:44



69916

 APPLICATION TO EXEMPT A MOBILE HOME FROM
 REGISTRATION AND TITLING

MTC 43692

Vol. M98

Page

42066

N736727

Owner's Certificate of Legal Interest

EM22639

INSTRUCTIONS:

This form must be completed, signed by all interest-holding parties and have a Title Report or Lot Book Report attached. The Title Report or Lot Book Report cannot be over 7 days old when submitted to the Motor Vehicles Division.

This form and Title Report or Lot Book Report must be submitted with your mobile home ownership documents and, if the mobile home is to be financed by a third party, proof of a loan approval.

PART I

I/WE, the undersigned hereby certify that I/WE am/are the owner(s) of record of real property, the legal description and location of which is (description as recorded by county recorder or a certified copy of your deed may be substituted):

Lot 40 in Block 1 of TRACT 1098- SPLIT RAIL RANCHOS, ACCORDING to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

If there is a mortgage, 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 addresses.

NAME AND ADDRESS

SIERRA PACIFIC MORTGAGE COMPANY, INC. 8555 SW APPLE WAY PORTLAND OR 97225

NAME AND ADDRESS

Tax Lot Number (from assessor): 2310-035BO 02400

PART II

I/WE further certify that I/WE also are the owner(s) of a mobile home which is located on the real property described above, and that the legal description of the mobile home is:

YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION NO.
999	SKYLI	42	49	67910147L ABC

If there is a secured interest in the mobile home, list all security interest holders, mortgagees, beneficiaries of deeds of trust, and lienholders whose interest is secured by the mobile home below. Space is provided for two names, addresses and approvals. Signatures from the parties listed below are their approval that the application may be submitted.

NAME AND ADDRESS

SIERRA PACIFIC MORTGAGE COMPANY, INC. 8555 SW APPLE WAY PORTLAND OR 97225

NAME AND ADDRESS

SIGNATURE OF SECURED PARTY

DATE

SIGNATURE OF SECURED PARTY

DATE

X *Carol Murphy* 9-21-98 X *Bettie Bishop Egerton* 9-15-98

Tax Lot Number (from assessor): 2310-035BO 02400

I/WE own the land ☐ and/or mobile home ☐ described above free and clear of all mortgages, deeds of trust, security interests and liens.

☐ I/WE do not know the whereabouts of the permanent plate assigned to this vehicle.

I/WE certify that the statements made above are accurate to the best of my/our knowledge.

SIGNATURE OF OWNER

ADDRESS

TELEPHONE (Optional)

X DAVID B. EGERTON

145650 Buckaroo Court, La Pine, OR 97739

SITUS

SIGNATURE OF OWNER

ADDRESS

X BETTIE BISHOP EGERTON

145650 Buckaroo Court, La Pine, OR 97739

(Office Use)

PART III

(Office Use)

Application for exemption for a mobile home is hereby approved ☐ denied ☐

DATE 11-12-98

SIGNATURE OF DMV OFFICER

X *Colleen Spindler*

THIS EXEMPTION IS VOID IF NOT RECORDED WITH THE COUNTY WITHIN 15 DAYS FROM:

11-12-98

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 17th day of November A.D. 19 98 at 3:44 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 42066.

Return: David & Bettie Egerton

Bernetha G. Letsch, County Clerk

FEE \$10.00

P.O. Box 473

By *Kathleen Ross*

LaPine, Or. 97739

Aspen Title & Escrow

H-13277

OREGON DEPARTMENT OF HUMAN RESOURCES

LS TAG NO

338

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEASED'S NAME Teresa		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 13, 1998	
4. SOCIAL SECURITY NUMBER 574-14-0992		5. AGE (Years, Months, Days) 71		6. BIRTHPLACE (City and State or Foreign) Liverpool, Eng.	
7. DATE OF BIRTH (Month, Day, Year) Sept. 20, 1926		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> At home <input type="checkbox"/> Nursing home <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		10. COUNTY OF DEATH Klamath			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Donald Wayne			
13a. DECEASED'S USUAL OCCUPATION Homemaker		13b. TYPE OF BUSINESS/INDUSTRY Own Home		13c. STREET AND NUMBER 4200 Summers Lane - Sp. # 7	
14. RESIDENCE - STATE Oregon		15. CITY, TOWN, OR LOCATION Klamath Falls		16. DECEASED'S EDUCATION (Specify only highest grade completed) 10	
17. FATHER'S NAME James - Brewer		18. MOTHER'S NAME Anne - Carney		19. INFORMANT - NAME and relationship to decedent Paul Mee / Son	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 2290 Grand Cremations		22. LOCATION - City or Town, State Klamath Falls, Oregon	
23. SIGNATURE OF OREGON FUNERAL HOME EMPLOYEE Raul M. Miranda		24. OREGON LICENSE NO. (If Licensee) 3409		25. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601	
26. DATE SIGNED (Month, Day, Year) 7/14/98		27. DATE SIGNED (Month, Day, Year) 7/14/98			
28. TIME OF DEATH 0120					
29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED ON THE DATE, TIME, AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. Raul M. Miranda					
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (If any) Raul M. Miranda, MD / 1850 Daggett / Klamath Falls, Oregon / 97601					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING MEDICAL EXAMINER (If any)					
32. PART OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.					
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Other					
34. DATE OF INJURY (Month, Day, Year)		35. TIME OF INJURY		36. INJURY AT WORK?	
37. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		38. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
39. DESCRIBE HOW INJURY OCCURRED					
40. DATE OF DEATH					
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100. DATE OF DEATH					

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **JUL 14 1998**

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

REITERATION OF THE WORDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Aspen Title & Escrow** the **17th** day of **November** A.D., 19 **98** at **3:44** o'clock **P.M.**, and duly recorded in Vol. **M98** of **Deeds** on Page **42067**

FEE \$10.00

By **Bernetha G. Leisch**, County Clerk

After recording return to: Paul W. Mee, 1040 Vista Way, Klamath Falls, OR. 97601