K-54369-B

Vol M99 Page 51078

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE, NE SALEM OR 97314

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE FROM REGISTRATION AND TITLING

Owner's Certificate of Legal Interest

EM 33366

1999 DEC 29 PM 3:05

X174641

INSTRUCTIONS:

Complete all sections. This form must be signed by all interest-holding parties and have a Title Report or Lot Book Report attached that cannot be over 7 days old when submitted to DMV.

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

PART I

Legal description and location of real property (description as recorded by county recorder or a certified copy of your deed may be substituted): N 1/2 Lot 3 in Block 5 Pleasant View Tracts, 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 mortgagees and beneficiaries of deeds of trust below. Space is provided for two names and addresses. If there are none, write "none".

NAME AND ADDRESS: Klamath First Federal S&L 2300 Madison Avenue Klamath Falls, OR 97603

NAME AND ADDRESS:

Tax Lot Number (from assessor): 3909-2BC-33002

PART II

Legal description of the manufactured structure that is located on the real property described above:

YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION NO.
1981	EMBAS	24	48	9960

List all security interest holders, mortgagees, beneficiaries of deeds of trust, and lienholders whose interest is secured by the manufactured structure described above. Space is provided for two names, addresses and approvals. Signatures from the parties listed below are their approval that the application may be submitted. If there are none, write "none".

NAME AND ADDRESS: Klamath First Federal S&L 2300 Madison Avenue Klamath Falls, OR 97603

NAME AND ADDRESS:

SIGNATURE OF SECURED PARTY	DATE	SIGNATURE OF SECURED PARTY	DATE
X Patricia Chandler	5-12-99	X	

Tax Lot Number (from assessor): 3909-2BC-33002

☐ 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. 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.

PRINTED NAME OF OWNER(S): Keith H. & Inas M. Pusch

SIGNATURE OF OWNER	ADDRESS	TELEPHONE (Optional)
X Keith H Pusch	2040 Gary Street, Klamath Falls, OR 97603	
SIGNATURE OF OWNER	ADDRESS	
X Inas M Pusch	Same	

OFFICE USE ONLY — PART III — OFFICE USE ONLY

Application for exemption for a manufactured structure is hereby approved. ☑

DATE	SIGNATURE OF DMV OFFICER
12-28-99	X Dana Colpon

This exemption is VOID if not recorded with the county within 15 calendar days from: 12-28-99

Extension to KFF MADISON

735-9722 (8-97)

SEE REVERSE FOR COUNTY RECORDING AREA

STK # 300366

K15

51079

Return
Klamath 1st. Federal
2300 Madison
K-falls, OR 97603

State of Oregon, County of Klamath
Recorded 12/29/99, at 3:05 p. m.
In Vol. M99 Page 51078
Linda Smith,
County Clerk Fee$ 15.00

CERTIFICATION OF VITAL RECORD

K-54948

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

09778R
I.D. TAPE NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number

138-

State File Number

Vol M99 Page 51080

1 DECEDENT'S NAME: First: Elmer; Middle: Frank; Last: WILSON
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): July 5, 1992
4 SOCIAL SECURITY NUMBER: 543-32-0263
5a AGE-Last Birthday (Years): 80
5b If Under 1 Year: Months / Days
5c If Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign): Greenleaf, Idaho
7 DATE OF BIRTH (Month, Day, Year): January 20, 1912
8a EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8b PLACE OF DEATH (Check only one): ☐ Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ Other: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a FACILITY NAME (If not institution, give street and number): 955 Bennett Cr. Rd.
9b CITY, TOWN, OR LOCATION OF DEATH: Cottage Grove
9c COUNTY OF DEATH: Lane
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Crane Operator
10b KIND OF BUSINESS/INDUSTRY: Plywood Mill
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Cleo Belle
13a RESIDENCE - STATE: Oregon
13b COUNTY: Lane
13c CITY, TOWN OR LOCATION: Cottage Grove
13d STREET AND NUMBER: 955 Bennett Cr. Rd.
13e INSIDE CITY LIMITS? ☐ Yes ☐ No
13f ZIP CODE: 97424
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1 or 2 or 3 or 4 or 5+):
17 FATHER'S NAME: First: Zeb; Middle: -; Last: Wilson
18 MOTHER'S NAME: First: Marcella; Middle: -; Maiden: Miaene
19 INFORMANT - NAME AND RELATIONSHIP TO DECEASED: Cleo Belle Wilson - Wife
20a METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Park View Cemetery
20c LOCATION - City or Town, State: New Plymouth, Idaho
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dennis Haran
21b LICENSE NUMBER (Of Licensee): 3476
22 NAME, ADDRESS AND ZIP OF FACILITY: Smith-Lund-Mills Funeral Chapel, 123 S. 7th Cottage Grove, Or 97424
23 DATE FILED (Month, Day, Year): JUL 09 1992
24 REGISTRAR'S SIGNATURE: Edward J. Johnson II
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1:35 P M
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30 DATE SIGNED (Month, Day, Year): 7-6-92
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kerry O'Fallon, M.D. 1345 Birch Ave. Cottage Grove, Oregon 97424
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a TIME OF DEATH: M
33b DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
32 On the basis of examination and or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):
33 DATE SIGNED (Month, Day, Year): COUNTY

34 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)
PART I (a) Carcinoma of the right lung — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
37 Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38 AUTOPSY: ☐ Yes ☒ No
39 If Yes, were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Other ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year):
41b TIME OF INJURY: M
41c INJURY AT WORK? ☐ Yes ☒ No
41d DESCRIBE HOW INJURY OCCURRED:
41e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):
41f LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: JUL 09 1992

Edward J. Johnson II
EDWARD J. JOHNSON II
COUNTY REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1992 DEC 22 PM 2:50

51081

Return to

Western Pioneer Title Co.
PO Box 10146
Eugene, OR 97440

State of Oregon, County of Klamath
Recorded 12/29/99, at 3:05 p m.
In Vol. M99 Page 51080
Linda Smith,
County Clerk Fee$ 15.00

627625