

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE FROM TITLE AND REGISTRATION

Owner's Certificate of Legal Interest

INSTRUCTIONS:	The following	must be	submitted to	DMV:
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- 1) This form, completed and signed by all parties with an interest in the manufactured structure. All areas of the form must be completed.
- 2) A Title Report or Lot Book Report. (The title report or lot book report cannot be over 7 days old when submitted to DMV.)
- 3) If the manufactured structure is new and is financed, proof of the loan approval.

Paid, Form 113, issued by the county where the manufactured s	tructure was located.	T	cate of Taxes	
X PLATE # X 226671	RT I	EM 34198		
Legal description of manufactured structure:	•			
YEAR MAKE WIDTH LENGTH	VEHICLE IDENTIFICATION N	, ,		
1994 FITWA 28 42		8AB 17380		
Legal description and location of real property: (as recorded by co				
Lot 7, Block 13 FIRST AD	DITION T	U THE CI	TY OF	
KLAMATH FAUS, in the County	of Klamat	th, state o	F Dregon	
·				
Property Address		Tax Lot Number (from as	ssessor)	
507 Roosevelt Klamath Falls or	77601	18200		
LAND: If there is a mortgage, deed of trust or lien on this land, list all for two names and addresses. If there are none, write "none".	mortgagees, beneficia		pelow. Space is provided	
NAME AND ADDRESS FROM 10900 NE. 8th St. #150 Bollows WA 98004				
Corporation, 10900 NE 84 St. \$400 Bellevue	LOAN NUMBER			
MANUFACTURED STRUCTURE: If there is a mortgage, deed of tru mortgagees, beneficiaries of deeds of trust, and lien holders whose in Approval signatures are required. If there are none, write "none". NAME AND ADDRESS FICALIZATION MORTGAGE COMPANY,	terest is secured. Spa			
Corporation 10900 NE 8th St. +600, Bellevy	, WA 98004	X APPROVAL SIGNATURE	Mostly At	
NAME AND AUDHESS		X		
☐ I/We do not know the whereabouts of the permanent plate ass	igned to this vehicle.			
I/We certify that the statements made above are accurate to the best interests have been listed. If there are none, I/We have certified this I		e space provided.	st, mortgages and security	
PRINTED NAME OF OWNER(S)	ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #	
Charles K. Alexander	ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #	
			()	
RESIDENCE ADDRESS SOT ROOS EVELT	MAILING ADDRESS			
Klamath Falls, OR 9760)	SIGNATURE OF OWNER			
x charles 25 selexande	X			
▼ OFFICE USE ONLY ▼ PA	RT II	▼ OFFICE	USE ONLY ▼	
Application for exemption for a manufactured structure	is hereby approved			
SIGNATURE DATE SIGNATURE OF DIM OFFICER	D95			
This exemption is VOID if not recorded with the county		EXPIRATION DATE		

PART III

Official Recording by County Clerk.

3468