

## **APPLICATION TO EXEMPT A MANUFACTURED** STRUCTURE FROM TITLE AND REGISTRATION

**Owner's Certificate of Legal Interest** 

INSTRUCTIONS: The following must be submitted to DMV:

- 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.

				d structure was located.		····
X PLATE #		EXEMPT FILE #	EM 26024			
X170043						EM 36834
Legal descri	ption of manufact	ured structure:		•		
YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION	NUMBER (VIN)	
1981	PRAKV	28	66	027A367PVPK00356AB		
Governmen	nt Lot 4,, Ex	cepting the E	ast 10 Ac	county recorder or a ceres in Section 1  nty of Klamath,	, Township 35	
						· · · · · · · · · · · · · · · · · · ·
Property Addres	s	Tax Lot Number (from assessor)				
9930 Spra	ague River Ro	3500-100-700				
for two names	s and addresses. If	eed of trust or lien of there are none, write	n this land, list e " <b>none".</b>	all mortgagees, benefic	aries of deeds of tru	st below. Space is provided
NAME AND ADDRESS OREGON Inc dba Beneficial Mortgage Cu.					LOAN NUMBER	
Beneficial, 1345 Center Drive,, Suite D, Medford, Ore 9750						
NAME AND ADDRES					LOAN NUMBER	
Approval sign	atures are required  SS BENEFI  BENEFI  1345 Cent	I. If there are none, to CTAL ORE INC.	write "none". DBA	ford, Oregon 975	TAPP BOWE SHE	wo names and addresses.  All De Angeleich Atg (
☐ I/We d	o not know the whe	ereabouts of the perr	manent plate a	assigned to this vehicle.	may 4	may for
interests have	been listed. If the	nade above are acc re are none, I/We ha	urate to the be we certified th	est of my/our knowledge. is by writing "none" in th	All liens, deeds of the space provided.	trust, mortgages and security
PRINTED NAME OF				ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #
Gene B Ta	belin			5525313 ODL/ID/CUSTOMER#	5/5/49 DATE OF BIRTH	TELEPHONE #
Gail C Ta				5474212	5/8/46	( )
ESIDENCE ADDRE				MAILING ADDRESS	13/0/40	
9930 Spra	gue River Rd	., Chiloquin,	Ore 9762	same		
SIGNATURE OF OW	Tal Aspen T	ite de l'agra				Escrow, Inc.
	OFFICE USE ONL on for exemption			e is hereby approve		CE USE ONLY ▼
SIGNATURE DATE	3/W X	ATURE OF DMV OFFICER	Mist	tre Kinge	L	
This exen	nption is VOID if	not recorded wit	th the count		EXPIRATION DATE	2/20



## **POWER OF ATTORNEY**

I authorize the person or firm named below to act as my representative and to sign my name to any forms necessary concerning the titling and/or registration of the vehicle described below.

This power of attorney is valid only if the following sections are completed:

- Name of person or firm appointed as attorney and
- Plate number, vehicle identification number or title number, and
- Signature of owner.

NAME OF PERAPPER FILLED & BEGUDNINGERIC.							
7	DESCRIPT	ION OF VEHICLE	<b>Y</b>				
PLATE NUMBER	YEAR	MAKE /	BODY STYLE				
X170043	1981	I PHKKY	1 24				
VERICLE IDENTIFICATION NUM 027A36	IBER 7DVPKO	0350AB 97	32450872				
NAME OF OWNER (PRINTED)	1 1	_ i l'					
Gene 10	357000	Jabella					
SIGNATURE OF OWNER  X	astalo	Tell	3-14-ca				
NAME OF JOINT OWNER (PRIN	istine	Tabelin					
SIGNATURE OF JOINT OWNER	stine Ta	helin	3/14/00				
7	HIS POWE	R OF ATTORNE	Year				
M	IAY NOT BI	E TRANSFERR <mark>E</mark>	<b>ED</b>				
ТО	ANYIOTHE	R PERSON OR	FIRM				

(See instructions on back for exercising power of attorney.)

735-500 (3-98)

STK # 300158

State of Oregon, County of Klamath Recorded 04/14/00, at 3:/8 p m. In Vol. M00 Page /2266 Linda Smith, County Clerk Fee\$ 26