



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.

	ll taxes for the curren orm 113, issued by th				Proof may be a Certi	ficate of Taxes
	•			RTI		
XPLATE # X15	51917				EM 36312	
Legal descri	ption of manufactur	red structure:				~
YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION	NUMBER (VIN)	
1978	1978 BARRI 24' 60' WAFL2A820					
						ed may be substituted)
The S 1/ State of	2 of Tract 41.	and all o	f Tract 42, V	ILLA ST. CLAI	R, in the Count	y of Klamath,
						
CODE 41	MAP 3909-14BB	TAX LOT 29	00			
Property Address					Tax Lot Number (from assessor)	
4310 Bartlett Avenue, Klamath Falls, OR 97603					572035	
	re is a mortgage, dees s and addresses. If th			mortgagees, benefic	aries of deeds of trust	below. Space is provide
NAME AND ADDRESS Forest Products Federal Credit Union					LOAN NUMBER	
3737 Shasta Way, Klamath Falls, OR 97603					234800	
NAME AND ADDRESS					LOAN NUMBER	
mortgagees,	beneficiaries of deed natures are required. ^{SS} Forest Proc	s of trust, and lie If there are none lucts Feder	n holders whose int e, write "none". al Credit Uni	erest is secured. Sp on		all security interest holde names and addresses.
3737 Shasta Way, Klamath Falls, OR 97603					APPROVAL SIGNATURE	
THE AND ADDRE	J	4			X	
☐ I/We c	lo not know the where	eabouts of the pe	ermanent plate assi	gned to this vehicle.		
I/We certify the interests have	nat the statements may been listed. If there	ade above are ac are none, I/We	ccurate to the best of the bes	of my/our knowledge. y writing "none" in th	All liens, deeds of trune space provided.	st, mortgages and secur
PRINTED NAME OF	OWNER(S)			ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #
	len Tooker		<u></u>	2245189	08-23-56	()
PRINTED NAME OF	OMNEH(2)			ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #
RESIDENCE ADDRE	:SS			MAILING ADDRESS		
4310 Bar	tlett Avenue,	Klamath Fa	lls, OR 97603			
IGNATURE OF OW	NER A 1	,	\	SIGNATURE OF OWNER		
	······································		Non	X		
	OFFICE USE ONLY on for exemption		PAF tured structure i		**	euse only ▼ cłas Division
SIGNATURE DATE		URE OF SMY OFFICER	_	appiove		
7.25		- Lung	- Coope	\ .		4 2000
This exer	notion is VOID if r	not recorded v	vith the county b	v this date:	EXPIRATION PLECE	IVLL

735-6722 (4-98)

SEE REVERSE FOR COUNTY RECORDING AREA

STK # 300366

State of Oregon, County of Klamath Recorded 07/27/00, at <u>10.03 A</u>m. In Vol. M00 Page <u>27427</u> Linda Smith, County Clerk Fee\$ <u>26</u>