15 OREGON AVENUE, BEND

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APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE FROM REGISTRATION AND TITLING

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

X215798

Owner's Certificate of Legal Interest

EM 37894

STK # 300366

INSTRUCTIONS:

Complete all sections. This form must be signed by all interest-holding parties and have a Title Report or Lot Book Report attached which 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.

manufactu	ured structure is to be fir	nanced by a third part	y, proof of a loan appr	oval.	•				
			PARTI						
Legal description substituted):				y county recorder or a certified copy ORDING TO THE OFFICIAL PL					
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									
NONE									
NAME AND ADDRESS									
Tax Lot Number	r (from assessor):	2309–02!	5A0-02200						
			PART II						
Legal descriptio	on of the manufactured s	structure which is loca	ated on the real proper	ty described above:					
YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION NO.					
1992	REDMN	38	36	11817324					
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	NONE								
NAME AND ADDRESS	NONE								
		BATE	LOIONATHORAG		To Ave				
SIGNATURE OF SECUR	ED PARTY	DATE	<u> </u>	SECURED PARTY	DATE				
X Tay Lot Number	r (from assessor):	2309-025A0-0220	<u> </u>						
☐ I/We do not	know the whereabouts	of the permanent pla	te assigned to this vet	nicle.					
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) RALPH E. STOUT AND DORIS A. STOUT									
SIGNATURE OF OWNER	. 010101 1200 1	ADDRESS			TELEPHONE (Optional)				
SCHATTIRE OF OWNER OF SHOULD STORESS ADDRESS									
MOGNUELLEKINSON GOS MERLY MCDE BOX 151, GILCHRIST, OR 97737									
▼ 01	FFICE USE ONLY V		PART III	▼ OFFICE USI	E ONLY V				
Application for exemption for a manufactured structure is hereby approved.									
DATE 12/15/00 SIGNATURE OF DMV OFFICER CHUSTINE Kinger									
This exemptio	on (\$ VOID If not reco	orded with the cou	ınty within 15 caleı	ndar days from: → 12//	5/00				

SEE REVERSE FOR COUNTY RECORDING AREA



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 PERSON OR FIRM APPOINTED AS ATTORNEY (PRINTED)

AMERITITLE

Y	DESCRIPTION	ON OF VE	HICLE		
PLATE NUMBER	TITLE NUMBER	TITLE NUMBER			
X-215798	921	9217401426			
YEAR	MAKE		BODY STYLE		
1992	REDMAN		20	1	
VEHICLE IDENTIFICATION	NUMBER				
	11817324				
NAME OF OWNER (PRINT	ED)				
	RALPH E. STOUT				
SIGNATURE OF OWNER	_/		DATE /- /-		
X -Thek	De Stew			12/20/96	
NAME OF JOINT OWNER	(PRINTED)				
Ĭ	DORIS A. STOUT				
SIGNATURE OF JOINT OV			DATE		
x some	ba. Stans	<u> </u>		12/20/96	
parameter and a second		ARRAMANA ARAKAN	********		

THIS POWER OF ATTORNEY
MAY NOT BE TRANSFERRED
TO ANY OTHER PERSON OR FIRM

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

735-500 (5-94)

STK # 300158

When recorded mais to:
Amentitle
P.O. BEX 4385
Surviver, OR 97107

State of Oregon, County of Klamath Recorded 12/26/00, at //:۵ / a.m. In Vol. M00 Page 46/83 Linda Smith, County Clerk Fee\$_26°0