

## AFFIDAVIT EXEMPTING A MANUFACTURED STRUCTURE FROM TITLE AND REGISTRATION

INSTRUCTIONS:  1) Complete all areas of the form and side in the second of the	the county where located; ate of Origin (MCO) or	(For County Us	se) After record M01 Page	ing retend	24
Legal description of manufactured struct			EXEMPT FILE		
YEAR MAKE STYLE 1999 American	VEHICLE IDENTIFICATION NUMBER 11826813A&B	l (VIN)		wютн 26 '	LENGTH 48'
ACTUAL LOCATION OF STRUCTURE  34124 Deerview Ct., Chiloqui			TAX ACCOUNT	1	R REAL PROPERTY
Legal description and location of real pr		· · · · · · · · · · · · · · · · · · ·			
LOT 47, BLOCK 28, TRACT NO.  CODE 118 MAP 350717CB TAX 1					
PRINTED NAME OF OWNER(S)		ODL/ID/CUSTOMER #	DATE OF BIRTH		TELEPHONE #
Sarah Cox		8901277	11-15-80		( )
PRINTED NAME OF OWNER(S)		ODE/ID/CUSTOMER#	DATE OF BIRTH		TELEPHONE #
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) P.O. Box 879, Chiloquin, OR SECURITY INTEREST HOLDER NAME AND ADDRESS Conseco Finance Service Corp SECURITY INTEREST HOLDER NAME AND ADDRESS		reet, Los Ange	les, CA 900	)12	
	CERTIF	ICATIONS			· · · · · · · · · · · · · · · · · · ·
<ul> <li>I certify that in accordance with the same person owns the manufactured;</li> <li>The manufactured structure is or a located as an improvement to the</li> <li>Each person with a security interest property approves the exemption.</li> <li>A duplicate original of the affidavit property is located.</li> </ul>	factured structure and the will be affixed to the real real property; st in the manufactured strom registration and titli	property and subjestructure and each ping; and	ct to taxation b	by the cour	nty in which it is erest in the rea
SIGNATURE OF OWNER  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	akerofor appen	•	natas ac	Attaun	ey intpe
Subscribed, sworn and acknowledged	Defore the thisd.	ay of Mont	YEAR	OFFICIAL SI	EAL NOUS A

26×

735-6723 (10-99)

My commission expires

SIGNATURE OF NOTARY PUBLIC

7/01/01



## 01051056



## **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 ATT	ORNEY (PRINTED)		
Aspen T	itle & Escrow,	Inc.		
	▼ DESCR	IPTION OF	VEHICL	E V
PLATE NUMBER	YEAR 1999	MAKE Amen	rican	BODY STYLE
VEHICLE IDENTIFIC			TITLE NU	MBER
NAME OF OWNER ( Sarah Co				
SIGNATURE OF OW	NER COX			5/ 9/ 60
NAME OF JOINT OV	VNER (PRINTED)			
SIGNATURE OF JOI	NT OWNER			DATE
	THIS PO	WER OF A	TTORI	VEY
	MAY NOT	BE TRAN	ISFERI	RED
	TO ANY OTI	HER PERS	ON OF	RFIRM

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

735-500 (3-98)

STK # 300158

State of Oregon, County of Klamath Recorded 02/16/01, at 10:53 & m. In Vol. M01 Page 6324 Linda Smith, County Clerk Fee\$ 26 06