

LICATION TO EXEMPT A MANUFACTURED UCTURE FROM TITLE AND REGISTRATION

Owner's Certificate of Legal Interest

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EM	41	06

X PLATE # _X134764

EXEMPT FILE #

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
- 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.
- 4) Proof all taxes for the current tax year have been paid on the manufactured structure. Proof may be a Certificate of Taxes

Paid, Form		county where the	•	tructure was located.	, , , , , , , , , , , , , , , , , , , ,	්
			PARTI	LAND		
	lgage, deed of trust resses. If there are			ors, beneficiaries of d	leeds of trust below.	Space is provided for two
NAME AND ADDRESS	Washington	Mutual Bank			LOAN NUMBER	
990 South	Second Street		R69 Coos Ba	y, OR 97420		
NAME AND ADDRESS					LOAN NUMBER	
Legal descripti	on and location o	f real property: (a	as recorded by co	ounty recorder or a ce 2021,W1411	nified copy of your de	eed may be substituted) R_KNOLL
				state of Os		
Property Address 1852 Blue	Pool Way, Chi	iloquin, OR 9	7624			
TAX LOT NUMBER	(Irom assessor)	MAP NUMBER			ACCOUNT NUMBER	
3400)	3507-1	7W			
	n holders whose int	erest is secured.	Space is provided	d for two names and a	addresses. Approval	agees, beneficiaries of dec signatures are required.
		PAF	RTII MANUFAC	CTURED STRUCTUR	E	
Legal descript	ion of manufactur	ed structure:				
YEAR	MAKE	WIDTH	LENGTH	VEHICLE IDENTIFICATION	NUMBER (VIN)	
1977.	GOLDNWST	194	65	68243PKD1290		
NAME AND ADDRESS	washington	Mutual Bank	(0	- OD 07/00	APPROVAL SIGNATURE	. 1
NAME AND ADDRESS	Second Street	, P.O. BOX 8	69, Coos Ba	9, OK 9/420	X See att	roned
					X	
ob eWl	not know the where	eabouts of the per	manent plate ass	igned to this vehicle.		
		PART III (OWNER SIGNAT	URES AND CERTIFI	CATIONS	
interests have t	peen listed. If there			of my/our knowledge by writing "none" in t		trust, mortgages and secu
PRINTED NAME OF O	WNER(S)			ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE .
Alfred F.				OO UD CHSTOUED .	0.77 0.5 0.5 0.5	()
PRINTED NAME OF O				ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #
Carolyn H.	green s			MAILING ADORESS	<u></u>	
1852 Blue	Pool Way, Chi	loquin, OR 9	7624	our Beull		Smonth
SIGNATURE OF OWN	EA	4.	L L	MINATURE OF OWNER	10.001.1	- 1/21 BIA ON
X FIXMA G	Brem by DEFICE USE ONLY	HARIM ILLU	PA	X arolyn &	- Greenby As	ICE USE ONLY V
				is hereby approve		ICE USE CIVET V
SIGNATURE DATE		TURE OF DMY OFFICER		is necesy approve	74.	
9-19-0		1 runs	Coope	\	· · · · · · · · · · · · · · · · · · ·	
This exem	ption is VOID if	not recorded w	ith the county	by this date:	EXPIRATION DATE	1

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735-6722 (10-99)

SEE REVERSE FOR COUNTY RECORDING AREA

STK # 30

T-936 P 002/002 F-352

APPLICATION TO EXCIVIF LA MAITO ACT STRUCTURE FROM TITLE AND REGISTRATION

Owner's Certificate of Legal Interest

X PLATE	¥_X134764				EXEMPT FILE #	EM 41067
1) This form, of completed. 2) A Title Rep. 3) If the manu. 4) Proof all tax	completed and sign ort or Lot Book Re factured structure ses for the current	port. (The title rep is new and is finar tax year have bee	vith an interest in ort or lot book re aced, proot of the n paid on the ma	sport cannot be over 7 a loan approval.	ruciure. All areas of the form days old when submitted to Proof may be a Certificate	o DMV.)
			PART	LAND		
If there is a mortg	page, deed of trust esses. If there are	l or lien on this land none, write "none	i, list all mortgag "	gors, beneficiaries of d	leeds of trust below. Space	is provided for two
NAME AND ADDRESS	Washington	Mutual Bank			LOAN NUMBER	
990 South		t. P.O. Box 8	69 Coos Ba	y, OR 97420		
NAME AND ADDRESS					LOAN NUMBER	
Zot-	1, Block	-3, Tsac	- NO. ID	ounty recorder or a ce 21, WILLIA State g	nified copy of your deed ma MSON RIVER K CRESSIV	y be substituted)
Property Address	Page Tion Chi	florus OR O	7624			
TAX LOT NUMBER (iloquin, OR 9	7024		ACCOUNT NUMBER	
·	·					
if there is a mort of trust, and lien there are none, v	holders whose int	t or lien on the ma erest is secured. S	Space is provide	ture, list all security in differ two names and a	terest holders, mortgagees, addresses. Approval signat	baneficiaries of dec ures are required.
Lanal decoration	on of manufactur		<u> water A</u>			
YEAR	MAKE	ен вичетиге: Тмртн	LENGTH	VEHICLE IDENTIFICATION	I LI MARIA OTA	
1977-	GOLDNWST	Wilsin		68243PKD1290	• •	
NAME AND ADDRESS		Mutual Bank		UUZ-JIRDIZ-JU	ARRECVAL EIGNATURE	11) - 8/9/
990 South S		, P.O. Box 8	69, Coos Ba	y, OR 97420	X Viene al	len 8/9/1
NAME AND ADDRESS					APIPAGVAL SIGNATURE	
☐ I/We do r	ot know the where	eabouts of the part	nanent plate ass	signed to this vehicle.		
	Total Care William		· · · · · · · · · · · · · · · · · · ·	URES AND CERTIF	CATIONS	
I/We certify that	the statements ma				. All liens, deeds of trust, n	nurranes and secu
				by writing "none" in t		
PRINTED NAME OF OW	NER(S)			COL/ID/CUSTOMER	DATE OF BIRTH	TE LEPHONE I
Alfred F. G	reen					()
PRINTED NAME OF OW				COL/10/CUSTOMER .	DATE OF BIRTH	TELEPHONE
Carolyn H.	Green			MAILING ADDRESS		
1852 Blue P	ool Way, Chi	loquin, OR 9	7624		-	
SIGNATURE OF OWNER				SIGNATURE OF OWNER	State of Oregon, Cour	nty of Klamath
X	TIGE INCE ONLY			X	Recorded 09/20/01 at	
	FICE USE ONLY			RTIV	In Vol. M01 Page 4	
SIGNATURE DATE		for a manufactu	ired structure	is hereby approve		2600
4.14.01	X_	1 ruga	Coope	\		
This sussess	Non le Mare !			D At. 4	EXPIRATION DATE	l

This exemption is VOID if not recorded with the county by this date: