

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

TANA ATE NE, DALEM ONE	· · · · · · · · · · · · · · · · · · ·		Owner's Cer	Tillicate of Lega	ii iiiitelest	<u> </u>
This form, of completed.		ned by all parties	with an interest in t		cture. All areas of the form m	James Co
3) If the manu 4) Proof all tax	factured structure xes for the current	is new and is fina tax year have bee	nced, proof of the en paid on the mar	loan approval.	Proof may be a Certificate of	% = 28 € W
			PAF	RTL	7	
X PLATE #					EM 41315	
X170077						
	on of manufacture					
1981	PARAM	24 <sup>1</sup>	56'	VEHICLE IDENTIFICATION N MF3237AB	UMBER (VIN)	
Legal description	on and location o	f real property: (a	as recorded by cou	inty recorder or a cert	ified copy of your deed may b	e substituted)
				T	TO THE OFFICIAL PLA	
THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON, TOGETHER						
WILLIAMSO		SETH INTERES	r in lots 4	AND 5, BLOCK 1	, RAINBOW PARK ON T	H <b>E</b>
Property Address Tax					Tax Lot Number (from assessor)	
42158 GERMAN BROWN LANE, CHILOQUIN, OR 97624					3407-022CB-00500-000	
	s a mortgage, dee nd addresses. If th			nortgagees, beneficia	ries of deeds of trust below.	Space is provided
NAME AND ADDRESS					LOAN NUMBER	***************************************
WILLIAM S. HOFFMAN P.O. BOX 10091, EUGENE, OR 97501					45914 LOAN NUMBER	
	r MODEGACE 1	1245 OPNITED	הסדוובי פייובי ה	, MEDFORD, OR	1	
					actured structure, list all secur	rity interest holders
					ce is provided for two names	
	res are required.	If there are none,	write "none".		APPROVAL SIGNATURE WELL	m Start
NAME AND ADDRESS					1	*
WILLIAM S. HOFFMAN AKA WILLIAM STUART HOFFMAN NAME AND ADDRESS					Atoffman In Amer	1 MCATI
BENEFICIAL MORTGAGE					X Jessy	D. T.
I/We do not know the whereabouts of the permanent plate assigned to this vehicle. Beneficial Oregon Inc., dba						
I/We certify that to	the statements ma	ade above are acc are none, I/We ha	urate to the best o	of my/our knowledge.  • writing "none" in the	All li Beneficial Morto	<b>299</b> Tosecurity
PRINTED NAME OF OW	NEA(S)			ODL/ID/CUSTOMER#	DATE OF BIRTH TELE	PHONE #
PHILIP R				ODL/ID/CUSTOMER#	DATE OF BIRTH TELE	PHONE #
KELLY GIE	BSON			MAILING ADDRESS	1	)
			7601	MAILING ADDRESS		
PO BOX 80 SIGNATURE OF OWNER	D6 KLAMATH	FALLS, OR 9	7601	SIGNATURE OF OWNER	, , , , , , , , , , , , , , , , , , ,	
x HKILA	IdAI		9	x) Koller G	ndon	
	FICE USE ONLY		PAR		▼ OFFICE USE O	NLY V
Application			ıred structure is	s hereby approved		
SIGNATURE DATE SIGNATURE OF DIM OFFICER						
This exemption is VOID if not recorded with the county by this date:						
100301						
735-6722 (4-98)		CEE DEVI	EDGE EOR COLL	NTV PECOPOING	ADEA	STK # 30036

PARTI

Official Recording by County Clerk.

51270

State of Oregon, County of Klamath Recorded 10/09/01 at //:/3a .m. In Vol. M01 Page 51269
Linda Smith,
County Clerk Fee\$ 2600