

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
- 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

V DI ATE		he county where the man	PAR			
X PLATE #					EM 41782	
	X 161974				2 11102	
Legal descri	ption of manufactu	red structure:				
YEAR	MAKE					
1070 CHICLE IDENTIFIC					N NUMBER (VIN)	
				WAFL1A9136	42831	
ga. 400011	phon and location (of real property: (as reco	orded by coun	ty recorder or a c	ertified copy of your de	ed may be substituted)
Tr	at portion of	Government Lot 1	10 luina i	iloahomlu .e	11 O 12	ay be substituted)
			10 TATIE	westerly of	the Chiloquin-	Villiamson
<u>K</u> 1	ver Road in Se	ection 17, Townsh	nip 35 Sou	ith, Range '	7 East of the W	llamette
Me	ridian. Klama	th County, Oregon	· ·			
						
Property Address						
34860 S. Chiloquin Rd., Chiloquin, OR 97624					Tax Lot Number (from assessor)	
LAND: If there is a mortgage, deed of trust or lien on this land, list all mortgagees, benefor two names and addresses. If there are none, write "none".					3507-17A0-01300	
for two names	and addresses. If th	ere are none, write "none	ınd, iist ali moi	tgagees, benefic	ciaries of deeds of trust	below. Space is provide
NAME AND ADDRES	S	TONE	- · · · · · · · · · · · · · · · · · · ·			, ,
					LOAN NUMBER	
NONE NAME AND ADDRESS						
					LOAN NUMBER	
MANUFACTU	DED STOUCTURE	14.4				
metagagae p	DED STRUCTURE:	If there is a mortgage, de of trust, and lien holders	eed of trust or	lien on the manu	factured structure, list of	II acquisit in the
Approval signs	eneticiaries of deeds	of trust, and lien holders to the trust of the first of t	whose interes	at is secured. Sn	ace is provided for two	III security interest holde
AME AND ADDRESS	tures are required.	f there are none, write "n	one".		acc ic browded for two	names and addresses.
					APPROVAL SIGNATURE	
NONE IAME AND ADDRESS					x	
					APPROVAL SIGNATURE	
					X	
☐ I/We do	not know the where:	abouts of the permanent p	plata againme	LA - AL '		
			Jiale assigned	to this vehicle.		
10/0 00-4:6 41	the statements mad	de above are accurate to	the best of my	/our knowledge.	All liens deeds of true	•
We certify that				3		
We certify that terests have t	Jeen listed. If there a	are none, I/We have certif.	lied this by wri	ting " none " in th	e space provided	i, mortgages and securi
INTED NAME OF O	WNER(S)	are none, I/We have certifi	, ,,,,,	ting "none" in th	e space provided.	
INTED NAME OF ON ROE	WNER(S) BERT G. LOBATO	are none, I/We have certif.	, ,,,,,	mig mone min	e space provided.	TELEPHONE #
INTED NAME OF ON ROE INTED NAME OF ON	WNER(S) SERT G. LOBATO WNER(S)	are none, I/We have certif	ODL /	mig mone min	DATE OF BIRTH 9/8/45	TELEPHONE # (54/) 783-3625
ROE INTED NAME OF OV INTED NAME OF OV JEA	WNER(S) SERT G. LOBATO WNER(S) NNE I. LOBATO	are none, I/We have certif	ODL/	ID/CUSTOMER#	DATE OF BIRTH 9/8/45 DATE OF BIRTH	(54/) 783-3625 TELEPHONE #
ROE INTED NAME OF OV INTED NAME OF OV JEA SIDENCE ADDRESS	ERT G. LOBATO WNER(S) NNE I. LOBATO		ODL 7 ODL /	D/CUSTOMER#	DATE OF BIRTH 9/8/45	TELEPHONE # (54/) 783-3625
ROE INTED NAME OF ON INTED NAME OF ON JEA SIDENCE ADDRESS 34860 S.	RERT G. LOBATO WNER(S) NNE I. LOBATO Chilosuin R		ODL/ ODL/ ODL/ MAILII P.	107897 107897 1070USTOMER # 1558/4 NG ADDRESS 0. BOX 1389	DATE OF BIRTH 9/8/45 DATE OF BIRTH 6/23/54	TELEPHONE # (541) 783-3625 TELEPHONE # (541) 783-362
ROE INTED NAME OF ON INTED NAME OF ON JEA SIDENCE ADDRESS 34860 S.	RERT G. LOBATO WNER(S) NNE I. LOBATO Chilosuin R	d., Chilique, of	ODL/ ODL/ ODL/ MAILII P.	107897 107897 1070ustomer # 155814 NG ADDRESS	DATE OF BIRTH 9/8/45 DATE OF BIRTH	TELEPHONE # (541) 783-3625 TELEPHONE # (541) 783-362
INTED NAME OF ON ROE INTED NAME OF ON JEASIDENCE ADDRESS 34860 S. NATURE OF OWNER	ERT G. LOBATO WNER(S) NNE I. LOBATO Chiloquin R		ODL/ ODL/ ODL/ MAILII P.	ID/CUSTOMER # 107897 ID/CUSTOMER 1	DATE OF BIRTH 9/8/45 DATE OF BIRTH 6/23/54 9, KLAMATH FALLS	TELEPHONE # (541) 783-3625 TELEPHONE # (541) 783-362
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ROE INTED NAME OF OV JEA SIDENCE ADDRESS 34860 S. NATURE OF OWNE	ERT G. LOBATO WNER(S) NNE I. LOBATO Chiloquin R FFICE USE ONLY for exemption fo	d., Chiluguin, Or Arcto or a manufactured stru	ODL / ODL / ODL / / ODL / / / / / / / / / / / / / / / / / / /	107897 107897 1076558/4 10558/4 105 ADDRESS 10. BOX 1389 11URE OF OWNER	DATE OF BIRTH 9/8/45 DATE OF BIRTH 6/23/54 9, KLAMATH FALLS OFFICE OF	TELEPHONE * (541) 783-362 TELEPHONE * (541) 783-362 , OR 97601
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Official Recording by County Clerk.

STATE OF OREGON

60149

County of Klamath

This instrument was acknowledged before me on October 29, 2001 by ROBERT G. LOBATO and JEANNE L. LOBATO.

OFFICIAL SEAL

KRISTI L REDD

NOTARY PUBLIC- OREGON
COMMISSION NO. 327508
MY COMMISSION EXPIRES NOV 16, 2003

NOTARY PUBLIC FOR OREGON

My Commission Expires: 11/16/2003

State of Oregon, County of Klamath
Recorded 11/26/01 3:33 pm.
In Vol. M01, Page 60/48
Linda Smith, County Clerk
Fee \$ 260 mm.