State of Oregon, County of Klamath	
Recorded 12/19/01 11:12 a	m
Vol M01, Pg 64818	
Linda Smith, County Clerk	_
Foo \$ -7/00 # of Dag /	

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## K57937

DIMV BEPARTMENT OF TRANSPORTATION			E FROM	I TITLE A	MANUFAC ND REGIST	RATION	
DRIVER AND MOTOR VEHICLE SERVICE 1995 LANA AVE NE, SALEM OREGON 97:	EM 420	23	Owner's Ce	Motor Vehicles	Division gal Interest	NUMBER 12052	
3) A Title Report or Lo	ith all neces ed and signo ot Book Rep he current to enue Form	ssory releases. ed by all parties wi ort. (The title repo ax year have been 113, issued by the	d to DMV:  th an interest in the ort or lot book reprint paid on the many county where the rding.	NÚV 23 ne manufactured structured	All areas of the days old when submitted Proof may be a Certification.	form must be completed. ed to DMV.)	
If there is a mortgage.	deed of tru	st or lien on this la		LAND gors, beneficiaries	of deeds of trust below.	Space is provided for two	
names and addresses	i. If there a	re none, write "no	one."	gers, berrendianes	or acces or made scion.	opass is provided for the	
NAME AND ADDRESS		LOAN NUMBER	LOAN NUMBER				
PREMIER FINANCE	dba MU	LOAN NUMBER	LOAN NUMBER				
531 SOUTH 6th ST KLAMATH FALLS OR 97601						**************************************	
Legal description and legal to the two cases are	ocation of resistance,	eal property: (as re . <u>Count</u> . <u>Count</u>	corded by county  Clerk	recorder or a certif	ied copy of your deed mi inath Count	Ar Ocedor	
Property Address		_		***************************************	M		
4254 ARTHUR ST		FALLS OR 9	7603		ACCOUNT NUMBER		
3909-10CD		l			ACCOUNT NUMBER		
			RTII MANUFAC	TURED STRUCTU	RE		
Legal description of ma	nufactured	structure:					
YEAR MAKE							
	, deed of tr en holders v	whose interest is			rity interest holders, mo	ortgagees, beneficiarles of Approval signatures are	
PREMIER FINANCE	dba MO	TOR INVESTM	ENT CO.		x birth /	July	
NAME AND ADDRESS					APPROVAL SIGNATURE	APPROVAL SIGNATURE	
531 SOUTH 6th ST KLAMATH FALLS OR 97601 X /							
	W the Where			RES AND CERTIF			
		made above are	accurate to the b	est of my/our know	<del></del>	s of trust, mortgages and rided.	
PRINTED NAME OF OWNER(S)				ODL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE #	
PRINTED NAME OF OWNER(S)				ODL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE #	
MARIA D. AGIIILA RESIDENCE ADDRESS	R	——————————————————————————————————————	····	MAILING ADDRESS			
4254 ARTHUR ST KLAMATH FALLS OR 97603  SIGNATURE OF OWNER  SI				SIGNATURE OF OWNER			
X) Felix Gon:	zilez			X Maid	sa secilas		
	JSE ONLY			C I I V	▼ OFFICI	E USE ONLY ▼	
Application for exen		manufactured s	tructure is herel	by approved.			
12.17.01	X	Luna	(appen				
This application is		not recorded v	vith the county	y by this date:	Ex iration	on Date	
735-6722 (1-01)		OFF DEL	DOE FOR OO!	INTY DECORDIN	IO ADEA	STK # 30036	