1)	_	4	~	_	_
K	5	/	7	U	ン

Page 26459 Vol MO2



CERTIFICATION EXEMPTING A MANUFACTURED STRUCTURE FROM TITLE AND REGISTRATION

For new (MCO) or never-titled-in-Oregon structures only.

	INSTRUCTIONS:			(For County Use' After recording return to:					
	Prepare two duplicate originals;								
	Complete all areas of the form and sign before notary; Provide duplicate original certification to the county recorder				State of Oregon, County of Klamath Recorded 05/02/2002 2/3/P m.				
	here located;	nginai certification	to the county recorder	Vo	I M02 Pg :	26459-62	<i>₽</i> m.		
1	•	ufacturer's Certifica	ate of Origin (MCO) or	Lir	nda Smith, Co	a 64 5 7 - 600 Junty Clerk	<u>, </u>		
	ut-of-State Title to	•		Fee	c \$ 2600	# of Pgs /			
			1905 Lana Ave NE,			- 0			
	alem, Oregon 973	o14; and ne county tax collec	ctor						
		ie county tax cone	J.O.						
	Le	gal descripti	ion of manufactured	d structure		EXEMPT FILE #			
YEAR	MAKE	STYLE	VEHICLE IDENTIFICATION NUMBER	(VIN)		WIDTH	LENGTH		
Lenal	description and	street address of	real property:		TAX ACCOUNT	NUMBER FOR REA	L PROPERTY:		
			Falls Forest Esta	ates. Highway					
					<u></u>				
<u></u> _	Unit, Plat	No. 3, accor	rding to the offic	cial plat there	<u>eof on fil</u>	<u>e in the o</u>	ffice of		
the	County Cle	rk of Klama	th County, Oregon.	•					
PRINTED	NAME OF OWNER(S)			OFL/ID/CUSTOMER#	DATE OF BIRTH	TELEPH	IONE #		
Dal	e G. Barrow	s		HOOLO234	10/17/41 DATE OF BIRTH	,) 312-0140 IONE#		
1	NAME OF OWNER(S)			ID/CUSTOMER#	DATE OF BIRTH	TELEPH	ONE #		
	ona E. Barr			C1091032	12/12/43	1 (3,0	1372-0140		
	CE ADDRESS (STREET, C	•							
50	1 5. 1K	ENA AUE STATE, ZIP CODE)				····			
1									
SECURITY	INTEREST HOLDER NAME	ME AND ADDRESS	CA. 90277			*****			
1			S 2nd St./WST0053	B. Coos Bay, OF	R 97420				
SECURITY	INTEREST HOLDER NAM	VE AND ADDRESS							
			CERTIFIC	CATIONS					
I certi	ify that in acco	ordance with	ORS 820.510:						
			actured structure and the	e real property on wh	nich the manu	ifactured struct	ure is or will		
be	e situated;			roar proporty on m	non the mana	actored Struct	are is or will		
		d structure is or v	vill be affixed to the real r	property and subject	to taxation by	the county in	which it is		
lo	 The manufactured structure is or will be affixed to the real property and subject to taxation by the county in which it is located as an improvement to the real property; 								
			st in the manufactured st		rson with a se	curity interest	in the real		
			rom registration and titlin						
 A duplicate original of the certification is being submitted for recording to the county clerk for the county in which the real 									
	operty is located	1.							
	RPOF OWNER	B	_		-				
SIGNATUR	E OF DWNER	bann	,						
X	X Venter Bould Flores								
Subsci	Subscribed, sworn and acknowledged before me this 3 day of January, 2002,								
by Dale G. Barrows in the county of los Augcles									
	PRINTED NAME OF P	PERSON SIGNING ABO	OVE	COUNTY	•				
N	\bigcirc \cdot (\bigcap \bigcap		***	**********	••••••	*******		
Y		A 1)		÷ ,	Se summer	LISA L. JO	HNSON :		
A	XKUSAJ	(Johns h	ን	Ω.		COMM, #12	265513 ≤		
R		RE OF NOTARY PUBL	C	۶	REAL PROPERTY.	NOTARY PUBLIC -	CALIFORNIA S		
Υ		My commis	ssion expires 4.1-04	•		LOS ANGELES	COUNTY -		
—— :		IVIY COTTAINS	IOIUII GAPIIGO 4. L D L		1.4.4.4	My Commission Expires	JUNE Q 2004 •		

STATE OF CA	LIFORNIA)			
) SS.	•		
COUNTY OF	Los Angeles)			
On	January 2, 2002	before me, _	Carolyn	Gebhard	
a Notary Publ	ic in and for said County and State	e, personally app	peared <u>W</u>	inona E. B	arrows
name(s) is/ar	own to me (ar proved to me can: a subscribed to the within instrur her/their authorized capacity(ins) the entity upon behalf of which the	nent and ackno , and that by thi	wledged to is:⁄{her/their	me tnatxxe/s :signature(s)	on the instrument the
WITNESS my	hand and official seal.				
Co. Cu	pourced		MGO	NOTAR LOS	OLYN GEBHARD SOMM. # 1329977 Y PUBLIC-CALIFORNIA DANGELES COUNTY CALES CALES COUNTY CALES CALES CALES COUNTY CALES CAL
STATE OF CA	ALIFORNIA)			
017412 01 01) SS) .		
COUNTY OF					
On		_ before me, _			
a Notary Pub	lic in and for said County and Stat	e, personally ap	peared		
name(s) is/a	nown to me (or proved to me on re subscribed to the within instru her/their authorized capacity(ies the entity upon behalf of which th	ment and ackid	nis/her/thei	r signature(s)	on the instrument the
WITNESS my	hand and official seal.				