

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE FROM TITLE AND REGISTRATION

Owner's Certificate of Legal Interest

EM 47864

X PLATE # _ X145851

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 completed.
- 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.)

4) Proof a	all taxes for the curre	re is new and is finance nt tax year have been the county where the	paid on the ma	nufactured structure	. Proof may be a Cer	tificate of Taxes	
				LAND			
If there is a n	nortgage, deed of tru	ist or lien on this land.			deeds of trust below.	Space is provided for two	
		e none, write "none."				ориот при	
NAME AND ADDRESS Washington Mutual					LOAN NUMBER		
P.O. Boz	91006, Seattl	e, WA 98111					
NAME AND ADDRE	ESS				LOAN NUMBER		
Legal descri	iption and location Block 1, Trac	of real property: (as t No. 1085, CO	recorded by co	unty recorder or a ce	rtified copy of your de o the official	eed may be substituted) plat thereof on	
_file_in	the office of	the Clerk of	Klamath Cou	inty, Oregon.			
Property Address		th Falls, OR 9	7603		· · · · · · · · · · · · · · · · · · ·		
TAX LOT NUMBER (from assessor) MAP NUMBER R-3909-013AA-000					ACCOUNT NUMBER R568139		
of trust, and						igees, beneficiaries of deed signatures are required. If	
		PART	II MANUFAC	TURED STRUCTUR	ΙE		
Legal descri	iption of manufactu	red structure:					
EAR MAKE WIDTH LENGTH 14' 63'				VEHICLE IDENTIFICATION NUMBER (VIN) WAFL1A736311292			
NAME AND ADDRESS Washington Mutual P.O. Box 91006, Seattle, WA 98111				APPROVAL SIGNATURE X AM S			
NAME AND ADDRE	SS			CAI	ROYPEWERY CO	RPORATE OFFICER	
¯ ☐ l/We d	do not know the whe	reabouts of the perma				on Mutuel Bank	
				RES AND CERTIFIC			
		nade above are accur e are none, I/We have				rust, mortgages and securit	
PRINTED NAME OF OWNER(S)				ODL/ID/CUSTOMER #	DATE OF BIRTH	TELEPHONE #	
Don Duwane Romano				3380423	07-08-55	(541)883-4221	
PRINTED NAME OF OWNER(S)				ODL/ID/CUSTOMER#	DATE OF BIRTH	TELEPHONE #	
RESIDENCE ADDRESS				MAILING ADDRESS			
7102 Ruth Court, Klamath Falls, OR 97603				7102 Ruth Court, Klamath Falls, OR 97603			
SIGNATURE OF ON	NNER			SIGNATURE OF OWNER			
X Dou				X			
V	OFFICE USE ONL	Y V	PAR	TIV	▼ OFFIC	CE USE ONLY V	
		for a manufacture	ed structure is	s hereby approve	d.		
SIGNATURE DATE		ATURE OF DMV OFFICER			**************************************		
6.9.6)3 K	J Ama	Cooper				
This exe	mption is VOID if	not recorded with	the county b	y this date:	EXPIRATION DATE		

26k 735-6722 (10-99)

SEE REVERSE FOR COUNTY RECORDING AREA

STK # 300366

Official Recording by County Clerk.

39858

VGKCK - Friday, A

State of Oregon, County of Klamath Recorded 06/11/2003 2:15 pm. Vol M03 Pg 39857.58 Linda Smith, County Clerk Fee \$ 2600 # of Pgs 2

Washington Mutual Bank