				637877		bl <u>M04 Page 1896</u>
DNI	\mathbf{V}		ION TO EX	EMPT A MANU D REGISTRAT	JFACTU	RED STRUCTURE
DEPARTMENT OF TRANS		EM 51082	Owner'	s Certificate of L	_eaal Inter	est XPLATE NUMBER
Instructions:	The following mu	st be submitte				XXX25.101
1) This for	m, completed an	d signed by a	all parties with an	interest in the manuf	factured struc	cture and the land upon which th
2) The cert	ctured structure is (ifficate of title with (all necessary r	eleases.			
3) A title re	port or lot book re	port specific to	the land upon wh	ich the manufactured a	tructure is or the determined	will be located. Either report must b pplication is received by DMV.
4) If owner	ship in the manu	factured struc	ture is being tran	sferred, proof that all	property taxe	s, all special assessments and a
delinque signed s	ent property taxes a statement from the	are paid. Proof county that all	f shall consist of a (i property taxes an	current Certificate of Ta d special assessments	ixes Paid (Dec for the curren	partment of Revenue Form 113), or tax year and all delinquent proper
taxes ar	nd special assessm	nents have bee	in paid.			
5) A copy county.	of the recorded ex	emption applic	ation (this form) r	nust be received by DN	/IV within 30 d	ays of the date of recording with th
	This form may only	be used if the			me. This form	may not be used by a land lesee.
Please list in t	he space below, t	he names and		BILL ANU mortosces, trust deed	beneficiarles	or lienhoiders of record who hold
interest in the	land. If there are m	ore than two is	nterest holders, ple	ease list them on a sepa	arate sheet of	paper and attach to this form. If the
ARE NONE, WITTE	8	^				ER
	MCCLUNG	O BOX	NG59 , KIA	nath Falls OR. 4	2001	<u></u>
NAME AND ADDRES	8				LOAN NUMB	ER
						red structure is or will be located. T
legal description	on must be as reco a seperate sheet o	orded by county f paper and att	y recorder. A certif	ied copy of the land de	ed may be sul	ostituted. If additional space is need TO_EVERGREEN_MEADOWS
				reor on the h		ice of the County Clerk
PROPERTY ADDR		OP, KLAMAI	TH FALLS, OR	97603		
TAX LOT NUMBER		MAP NUMBER			ACCOUNT	NUMBER
07500		3909-01	L3AB-07500-0		88	6783
07500 Year	MAKE	3909-01			88	6783
	MAKE	wibтн 27'	LENGTH	EACTURED STREET	00 NUMBER (VIN)	6783
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X255701

PAR V

Official Recording by County Recorder.

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POWER OF ATTORNEY (DMV USE ONLY)

I authorize the attorney named below to act as my representative and to sign my name to any forms necessary for a transfer of my right, title, and interest in the vehicle described below.

ATTORNEY'S NAME:

ANY EMPLOYEE OF AMERITITLE

VEHICLE DESCRIPTION:

YEAR: 2001 LICENSE: X255701 MAKE: MARLE TITLE: 0210698531 BODY: 2U VEH ID: H020396AB

To include right of survivorship: , Oregon, this 35 day of January 304 Signed at KFall

TERBERG

Inter tox SHARON D. WATTERBERG