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MTC- 48/49 MS

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DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1908 LANA AVE NE, SALEM OREGON 97314

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE TITLE AND REGISTRATION REQUIREMENTS

EM 52072

Owner's Certificate of Legal Interest

 X PLATE NUMBER
X234627

Instructions: The following must be submitted to DMV:

- 1) This form, completed and signed by all parties with an interest in the manufactured structure and the land upon which the manufactured structure is or will be located.
- 2) The certificate of title with all necessary releases.
- 3) A title report or lot book report specific to the land upon which the manufactured structure is or will be located. Either report must be issued by a title company and must be dated no more than seven (7) days before the date this application is received by DMV.
- 4) If ownership in the manufactured structure is being transferred, proof that all property taxes, all special assessments and all delinquent property taxes are paid. Proof shall consist of a current *Certificate of Taxes Paid* (Department of Revenue Form 113), or a signed statement from the county that all property taxes and special assessments for the current tax year and all delinquent property taxes and special assessments have been paid.
- 5) A copy of the recorded exemption application (this form) must be received by DMV within 30 days of the date of recording with the county.
- 6) **NOTE:** This form may only be used if the owner(s) of land and structure are the same. This form may not be used by a land lessee.

PART I: LAND

Please list in the space below, the names and addresses of all mortgagees, trust deed beneficiaries or lienholders of record who hold an interest in the land. If there are more than two interest holders, please list them on a separate sheet of paper and attach to this form. If there are none, write "none."

NAME AND ADDRESS THE BANK OF NEW YORK	LOAN NUMBER 491555
NAME AND ADDRESS 101 BARCLAY STREET, NEW YORK, NY 10286	LOAN NUMBER

Please list in the space below, the legal description and location of the land upon which the manufactured structure is or will be located. The legal description must be as recorded by county recorder. A certified copy of the land deed may be substituted. If additional space is needed please list on a separate sheet of paper and attach to this form. Lot 6 in Block 22 of TRACT No. 1005, FOURTH

ADDITION TO KLAMATH RIVER ACRES, according to the official plat thereof on file in the

PROPERTY ADDRESS office of the County Clerk of Klamath County, Oregon.

8908 CEDAR WAY

TAX LOT NUMBER (from assessor) 3907-026D0-02400	MAP NUMBER 880219	ACCOUNT NUMBER M-234627
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PART II: MANUFACTURED STRUCTURE

YEAR 1995	MAKE SKLYN	WIDTH 26	LENGTH 66	VEHICLE IDENTIFICATION NUMBER (VIN) 347007781AB
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PART III: SIGNATURES AND CERTIFICATIONS

List in the space below, the names and addresses and signatures of all security interest holders or lien holders of record who hold an interest in the manufactured structure and the land. If there are more than two interest holders, please list them on a separate sheet of paper and attach to this form. If there are none, write "none." **Some counties may require interest holder signatures to be notarized.**

NAME AND ADDRESS OF SECURITY INTEREST HOLDER OR LIEN HOLDER NONE	APPROVAL SIGNATURE X
NAME AND ADDRESS OF SECURITY INTEREST HOLDER OR LIEN HOLDER	APPROVAL SIGNATURE X

I/we certify that the statements made on this application are true to the best of my/our knowledge. All mortgagees, trust deed beneficiaries, lien holders of record and security interest holders listed on the title report or lot book report are listed and have signed and approve of the submission of this application. If there are none, I/we have certified this by writing "none" in the space provided.

PRINTED NAME OF APPLICANT (OWNER OF LAND AND MANUFACTURED STRUCTURE) FRAZIER T. SCOTT	ODL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE # ()
PRINTED NAME OF APPLICANT (OWNER OF LAND AND MANUFACTURED STRUCTURE) JANET M. SCOTT	ODL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE # ()
RESIDENCE ADDRESS 8909 CEDAR WAY, KLAMATH FALLS, OR 97601	MAILING ADDRESS P.O. BOX 1001, KENO, OR 97627		

SIGNATURE OF APPLICANT/OWNER
X *Frankie T. Scott, Amenitie, his POA in fact* X *Janet M. Scott, Amenitie, her POA in fact*

OFFICE USE ONLY

PART IV

OFFICE USE ONLY

☒ YES This application for exemption from title and registration requirements for the manufactured structure listed above is hereby approved pursuant to ORS 820.510 and OAR 735-140-0010.

SIGNATURE OF DMV REPRESENTATIVE X <i>Christene Kuma</i>	SIGNATURE DATE 7/2/04
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This application is **VOID** if not recorded with the appropriate county by this date: 7/12/04

735-6722 (6-03)

SEE REVERSE FOR COUNTY RECORDING AREA

STK# 300366

2600 AM

Return to: Amt - Kfalls

Official Recording by County Recorder.

44576

State of Oregon, County of Klamath

Recorded 07/07/2004 2:03 p m

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Linda Smith, County Clerk

Fee \$ 26⁰⁰ # of Pgs 2