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MTC-63699TA


 DEPARTMENT OF TRANSPORTATION
 DRIVER AND MOTOR VEHICLE SERVICES
 1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE TITLE AND REGISTRATION REQUIREMENTS

EM 52114

Owner's Certificate of Legal Interest

X PLATE NUMBER

X 241502

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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

LOAN NUMBER

NAME AND ADDRESS

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 3 in Block 1, Tract 1189, Misty Mountain, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

PROPERTY ADDRESS

TAX LOT NUMBER (from assessor)

MAP NUMBER

ACCOUNT NUMBER

116102 Spring Court, Klamath Falls OR 97601
4007-001A0-01400 *KEY# 700432*

PART II: MANUFACTURED STRUCTURE

YEAR

MAKE

WIDTH

LENGTH

VEHICLE IDENTIFICATION NUMBER (VIN)

*1997**MAZDA**14**60**H014314***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

APPROVAL SIGNATURE

*American General Financial Services**X* *Jun 91*

NAME AND ADDRESS OF SECURITY INTEREST HOLDER OR LIEN HOLDER

APPROVAL SIGNATURE

*235 E. Barnett Rd, #107, Medford, OR 97501**X* *7*

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)

ODL / ID / CUSTOMER #

DATE OF BIRTH

TELEPHONE #

Robert A. York

PRINTED NAME OF APPLICANT (OWNER OF LAND AND MANUFACTURED STRUCTURE)

ODL / ID / CUSTOMER #

DATE OF BIRTH

TELEPHONE #

Sharon A. York

RESIDENCE ADDRESS

MAILING ADDRESS

*116102 Spring Court Klamath Falls OR 97601**Same*

SIGNATURE OF APPLICANT/OWNER

SIGNATURE OF APPLICANT/OWNER

X Robert A. York *By X Sharon A. York**By X Sharon A. York***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

SIGNATURE DATE

X *Christine Kinzer**7/14/04*This application is **VOID** if not recorded with the appropriate county by this date:

EXPIRATION DATE

7/29/04

735-6722 (6-03)

SEE REVERSE FOR COUNTY RECORDING AREA

STK# 300366

47924

**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: 1997
LICENSE: X241502

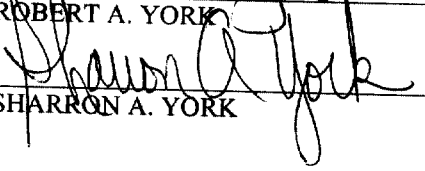
MAKE: MARLETTE
TITLE: 9729353012

BODY: HT
VEH ID: H014314

To include right of survivorship:

Signed at Klamath Falls, Oregon, this 27th day of June, 2004.


ROBERT A. YORK


SHARRON A. YORK

State of Oregon, County of Klamath
Recorded 07/22/2004 11:02 a m
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Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2