DEPARTMENT OF TRANSP DRIVER AND MOTOR VEHICL 1905 LANA AVE NE. SALEN O	ORTATION	APT FILE NUMBER						X PLATE		-
			J	ner's Cert	ificate of	Lega	Interes	222	327	
	NS; The following of title with all nec			MV:		Vml	M04	Page	52885	5
<ol> <li>2) This form, of</li> <li>3) A Title Rep</li> <li>4) Proof all tai</li> <li>Departmen</li> </ol>	completed and sig ort or Lot Book Re xes for the current t of Revenue Form rded, DMV <b>must</b> n	ned by all part eport. (The titl tax year have n 113, issued	ies with an in e report or lot been paid of by the county	t book report n the manufa	cannot be ov ctured struct anufactured	/er / day ure. Pro	of may be	a Certifica		
If there is a m	ortgage, deed of t	rust or lien on	this land, list			ies of de	eds of trus	st below.	Space is provid	led fo
names and ac	ddresses. If there	are none, wr	te "none."							
AME AND ADDRESS					<u> </u>	(			0503	
Argent Mo	rtgage Co. 1	LLC., PO	Box 11050	b, Urange	e, CA 920	000		<u>75057-</u> `	.9505	
Legal descripti	on and location of	real property:	(as recorded	by county re	corder or a c	certified	copy of you	ur deed m	ay be substitute	÷d) ≀∩
<u>Parcel 2</u>	of Minor La	nd_Partit	ion_13-9		ed_in_in	e_Nr	1/4 NE		ty of Klar	LU.9- nati
<u>Township</u> State of	39 South, Ra	ange 9 Ea	st of th		ette Mer		<u>,</u>	<u>e cour</u>		
Property Address	Oregon.		<u></u>				<u>,</u>			
	y St., Klam	ath Falls	, Or. 97	603						
TAX LOT NUMBER	र (from assessor)	MAP NUMBE		/ M2223	27		ACCOUNT			
R540347		3909-1		MANUFACT		CTURE	8/4	4330	······································	
	ion of manufacture	od ctructuro:	PARTU	MANOLACI						
Legal descripti			LENGT	н	VEHICLE IDENTIF	ICATION N	JMBER (VIN)			
1993	Redman	27'	53		11818375AB					
deeds of trus required. If the NAME AND ADDRES	lortgage Co.	s whose inter rite "none."	est is secure	d. Space is	provided for	two na	APPROVAL S APPROVAL S APPROVAL S APPROVAL S	IGNATURE	ongagees, ben Approval sig	
				t plata assign	ed to this ve	hicle				·····
	o not know the wh			R SIGNATUR	and the second se	the second s	ATIONS			
I/We certify	that the statemen	ts made aboy	e are accura	te to the be	st of my/our	knowle	dge. All li	ens, deed	ds of trust, mor	tgag
Security inter	ests have been lis	ted. If there a	re none, I/We		DL / ID / CUSTOM		DATE OF BIR	space pro	TELEPHONE #	ŧ
CHARI		1.).m.	NFT	-					( )	
PRINTED NAME OF		<u>himm</u>		0	DL / ID / CUSTOM	IER #	DATE OF BIR	тн	TELEPHONE #	ŧ
Lorne		hmm	er (	h	AILING ADDRESS	5	<u> </u>		<u> </u>	
RESIDENCE ADDRE	ss rby St., Kla	amath Fal	ls, Or. 9		same					
SIGNATURE OF OW	NER	1.		s	IGNATURE OF O	WNER	80	$\cdot \gamma$	r	
x /lua		Ulm	<u>l</u>			Mes	- <u>E</u> ).	<u>h ) 1</u>	mm	$ \ge $
	OFFICE USE ON			PART				OFFI	CE USE ONLY	
	for exemption for	or a manufac	tured structu	ure is hereby	y approved.					
Application	1 9/0	SNATURE OF DMV	DEFICER							
Application	X		·					Ex ira	tion Date	

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State of Oregon, County of Klamat	th
Recorded 08/12/04 10:40 a m	
Vol M04 Pg 52885-86	_
Linda Smith, County Clerk	
Fee \$ $26^{\infty}$ # of Pgs 2	