



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1900 LANA AVE NE, SALEM OREGON 97314

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE TITLE AND REGISTRATION REQUIREMENTS

EM 52497

Owner's Certificate of Legal Interest

X PLATE NUMBER

243732

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 <i>NONE</i>	LOAN NUMBER
NAME AND ADDRESS <i>NONE</i>	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 18, BLK 10, Mt Scott Meadows, according to the official plat thereof on file in the office of the clerk of Klamath County, Oregon.*

PROPERTY ADDRESS <i>N. BANYON ST H.C #63 BOX 318 CHILOQUIN, OREGON 97624</i>		
TAX LOT NUMBER (from assessor) <i>R-3107-10-6900</i>	MAP NUMBER	ACCOUNT NUMBER <i>M882941</i>

PART II: MANUFACTURED STRUCTURE

YEAR <i>1997</i>	MAKE <i>FUQUA</i>	WIDTH <i>25'10"</i>	LENGTH <i>40'3"</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>15671</i>
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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 <i>NONE</i>	APPROVAL SIGNATURE <i>X</i>
NAME AND ADDRESS OF SECURITY INTEREST HOLDER OR LIEN HOLDER <i>NONE</i>	APPROVAL SIGNATURE <i>X</i>

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) <i>DONALD R. LASHAWAY SR.</i>	ODL / ID / CUSTOMER #	DATE OF BIRTH <i>11-9-37</i>	TELEPHONE # <i>(541) 365-4494</i>
PRINTED NAME OF APPLICANT (OWNER OF LAND AND MANUFACTURED STRUCTURE) <i>AGNES LASHAWAY</i>	ODL / ID / CUSTOMER #	DATE OF BIRTH <i>6-24-47</i>	TELEPHONE # <i>(541) 365-4494</i>
RESIDENCE ADDRESS <i>N. BANYON ST. CHILOQUIN, OREGON 97624</i>	MAILING ADDRESS <i>HC 63 BOX 318 CHILOQUIN, OR. 97624</i>		
SIGNATURE OF APPLICANT/OWNER <i>X Donald R. Lashaway Sr.</i>	SIGNATURE OF APPLICANT/OWNER <i>X Agnes Lashaway</i>		

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 620.510 and OAR 735-140-0010.

SIGNATURE OF DMV REPRESENTATIVE <i>X Christine Berger</i>	SIGNATURE DATE <i>8/12/04</i>
EXPIRATION DATE <i>8/27/04</i>	

This application is **VOID** if not recorded with the appropriate county by this date:

735-6722 (6-03)

SEE REVERSE FOR COUNTY RECORDING AREA

STK# 300366

Returned @ Courier

36 ✓

54870

State of Oregon, County of Klamath
Recorded 08/19/04 3:40 p^m
Vol M04 Pg 54869-76
Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2