

CERTIFICATION EXEMPTING A MANUFACTURED STRUCTURE FROM TITLE AND REGISTRATION

DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE. SALEM OREGON 97314	FOR NEW (MCU) or never-titled-in-Oregon structures only							
INSTRUCTIONS:			(For County Use) After recording return to:					
Prepare two duplicate originals; Complete all areas of the form and sign before notary;			,	Vol MO4	Dono	78	262	
Provided duplicate original certification to the county recorder where located;		e located:	<u> </u>	VUI_MU4	_Page_			
4) Surrender the Manufacturer's Certificate of Origin (MCO) or Out-of-State Title to DMV;			State of Oregon, County of Klamath					
5) Note: This form may not be used if the owner or co-owner of the manual			Recorded 11/15/04 9:0/ a m - Vol M04 Pg 78 262					
factured structure holds a leasehold estate of 20 or more years in the land			Linda Smith, County Clerk					
6) Mail to: DMV Title Exemption Desk, 1905 Lana Ave NE, Salem OR 97314;			Fee	\$ 2100	_#ofPg	ıs <u>/</u>		
7) Furnish a copy to the county tax col	lector.							
Legal description of manufactured structu			Ire EXEMPT FILE #					
YEAR MAKE STYLE VEHICLE IDENTIFICATION NUMBER (VIN)			WIDTH LENGTH			LENGTH		
2004 FUQUA 19248			TAX ACCOUNT NUMBER FOR REAL PROPERTY:					
Legal description and street address of real property:				TAX ACCOUNT	T NUMBER FOR REAL PROPERTY:			
MOUNTAIN LAKES HOME	SITES BLK 2, LO	724,25	5,31	R 319	122			
R-3606-01600-00	1900-000	<u>Co</u> u	LUTY_	OE KLAN	MATH_	_ ST	ATE OF	
22816 PARAGON W	AY, KLAMATH F	ALLS,	<u> 0R_9</u>	7601			REGON	
PRINTED NAME OF OWNER(S)		ODL AD / CUS	TOMER #	DATE OF BIRTH				
RAINBOW TREE ESTATE TRUST CHARLES		3351		2-23-50	TELEPHOI			
PRINTED NAME OF OWNER(S)	D. LOLE TRUSTEE	ODL/ID/CUS	TOMER#	DATE OF BIRTH		TELEPHON	356-224 E#	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP COI	• • -					()		
22814 PARAGON WA MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	•	us o	DR 9-	7/2021				
			<u> </u>	401	·		· · · · · · · · · · · · · · · · · · ·	
SAME SECURITY INTEREST HOLDER NAME AND ADDRESS								
N/A								
SECURITY INTEREST HOLDER NAME AND ADDRESS		***						
		CATIONS						
I certify that in accordance wit	th ORS 820.510:							
 The same person owns the ma be situated: 	nufactured structure and the	e real prop	erty on whi	ch the manuf	actured s	structure	e is or will	
 The manufactured structure is a located as an improvement to the 	HS (BALLHUMANIV							
 Each person with a security interest 	erest in the manufactured st	ructure and	d each pers	son with a sec	curity into	aront in	the week	
 A duplicate original of the certifi 	cation is being submitted fo	r recording	to the cou	inty clerk for t	he count	y in whi	ch the real	
property is located.						•		
x (Frances). (o	lo Ti		8 8	65 6666	55 55	5955	SSSS	
SIGNATURE OF OWNER	4 Musiel		- 8.4			CIAL SE	74	
X			86	°	RENDA Notary Pi	UBLIC - 0	REGON (1)	
	~ \ \ \ \			MY COMMISS	COMMISS ON EXPIRE	ION NO. 3 S SEPT. 6	348071 (A 5. 2005 (A	
N State of NeGA	County of and	with	6	\$\$\$\$ \$\$	98888	>>>>	SSS	
Subscribed and sworn before r		ostembe	/20 (7) A	/	1			
A by Charles D.	He truster of t	h	4 who	2 1 1 100	Cita	7, (ISUT.	
X/ Henda	odregues			- 1/48	1100	-1 4	(-500)	
/ CIONATURE OF MARIA								

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