



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1805 LANA AVE NE, SALEM OREGON 97331-4

APPLICATION TO EXEMPT A MANUFACTURED STRUCTURE TITLE AND REGISTRATION REQUIREMENTS

EM 53811

Owner's Certificate of Legal Interest

X PLATE NUMBER

X192534

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 GN Mortgage, 4000 West Brown Deer Rd.	LOAN NUMBER 0010326908
NAME AND ADDRESS Brown Deer, WI 53209	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 12 in Block 22 of TRACT NO.

1005, FOURTH ADDITION TO KLAMATH RIVER ACRES, according to the Official Plat thereof on file in the office of the County Clerk of Klamath County, Oregon

TAX LOT NUMBER (from assessor)	MAP NUMBER	ACCOUNT NUMBER
3907-02600-01400	3907-02600-01400-000	489377

PART II: MANUFACTURED STRUCTURE

YEAR 1986	MAKE Skyli	WIDTH 27'	LENGTH 48'	VEHICLE IDENTIFICATION NUMBER (VIN) 329104781
--------------	---------------	--------------	---------------	--

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) Charley Ray Holliday	DDL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE # ()
PRINTED NAME OF APPLICANT (OWNER OF LAND AND MANUFACTURED STRUCTURE) Evelyn Kathleen Holliday	DDL / ID / CUSTOMER #	DATE OF BIRTH	TELEPHONE # ()
RESIDENCE ADDRESS		MAILING ADDRESS	

SIGNATURE OF APPLICANT/OWNER Charley Ray Holliday	SIGNATURE OF APPLICANT/OWNER Evelyn Kathleen Holliday
--	--

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	SIGNATURE DATE 1/28/05
--------------------------------------	---------------------------

This application is VOID if not recorded with the appropriate county by this date:	EXPIRATION DATE: 2/12/05
--	-----------------------------

3/10

Official Recording by County Recorder.

State of Oregon, County of Klamath
Recorded 01/31/2005 3:23 P m
Vol M05 Pg 06970-72
Linda Smith, County Clerk
Fee \$ 31 # of Pgs 3

Unofficial
Copy

DMV		POWER OF ATTORNEY	
DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1901 LAMAR AVE. SE, SALEM OREGON 97314			
I authorize the person or firm named below to act as my representative and to sign my name to any forms necessary concerning the titling and/or registration of the vehicle described below.			
This power of attorney is valid only if the following sections are completed:			
<ul style="list-style-type: none"> • Name of person or firm appointed as attorney and • Plate number, vehicle identification number or title number, and • Signature of owner. 			
CERTIFIED TO BE A TRUE & EXACT COPY OF THE ORIGINAL			
NAME OF PERSON OR FIRM APPOINTED AS ATTORNEY (PRINTED) AMERITITLE			
DESCRIPTION OF VEHICLE			
PLATE NUMBER	YEAR	MAKE	BODY STYLE
X192536	1986	SKYLI	2U
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER	
32910478V			
NAME OF OWNER (PRINTED)			
CHARLEY RAY HOLLIDAY AKA CHARLEY R. HOLLIDAY			
SIGNATURE OF OWNER		DATE	
X <i>Charley R. Holliday</i>		11-4-04	
NAME OF JOINT OWNER (PRINTED)			
EVELYN KATHLEEN HOLLIDAY AKA EVELYN K. HOLLIDAY			
SIGNATURE OF JOINT OWNER		DATE	
X <i>E. Kathryn K. Holliday</i>		11-4-04	
THIS POWER OF ATTORNEY MAY NOT BE TRANSFERRED TO ANY OTHER PERSON OR FIRM			
(See instructions on back for exercising power of attorney.)			

DMV		POWER OF ATTORNEY	
DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1901 LAMAR AVE. SE, SALEM OREGON 97314			
I authorize the person or firm named below to act as my representative and to sign my name to any forms necessary concerning the titling and/or registration of the vehicle described below.			
This power of attorney is valid only if the following sections are completed:			
<ul style="list-style-type: none"> • Name of person or firm appointed as attorney and • Plate number, vehicle identification number or title number, and • Signature of owner. 			
NAME OF PERSON OR FIRM APPOINTED AS ATTORNEY (PRINTED)			
DESCRIPTION OF VEHICLE			
PLATE NUMBER	YEAR	MAKE	BODY STYLE
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER	
NAME OF OWNER (PRINTED)			
SIGNATURE OF OWNER		DATE	
X			
NAME OF JOINT OWNER (PRINTED)			
SIGNATURE OF JOINT OWNER		DATE	
X			
THIS POWER OF ATTORNEY MAY NOT BE TRANSFERRED TO ANY OTHER PERSON OR FIRM			
(See instructions on back for exercising power of attorney.)			