After recording return to: Aspen Title + Garrow, INC 525 Main ST. Mamath Fulls, Or

Send all future tax bills to: _

Tommy L. Wells and Mildred M. Wells 3396 Holbrook St. Klemath Folls On 97601

APPLICATION TO REMOVE MANUFACTURED STRUCTURE FROM **EXEMPT STATUS**

(For County	Recorde	rs Use)	05/
(For County Voi M05	_Page	<u>34</u>	009

State of Oregon, Recorded 05/11/	County of	Klamath O a_m
Vol M05 Pg 🍑	4054	
Linda Smith, Cou	unty Clerk _ # of Pgs	

YEAR	MAKE	HUD#	VIN/SERIAL#	WIDTH	LENGTH
1998	Liber		09126574XU	27'	67'
EXEMPT FILE # HON (DMV EM # - IF KNOWN		HOME ID#	Book M-04 Page 79313 PODO-000		OT NUMBER

LEGAL DESCRIPTION:

Please list the legal description of the land upon which the structure is located in the space below. This may either be a copy of the deed or a description of the property as recorded in the county deed records: (Attach additional sheet if needed)

Parcel 1 of Land Partition 20-03-being a portion of the N 1/2 of Government Lot 2 NG 1/4, Section 17 Township 35 South, Range 7 East of the William ette Meridian, Hlamath Ca Oregon list the names and addresses of all security interest holders, mortgagees, trust deed beneficiaries or lien holders of record holding any interest in the land and manufactured structure in the spaces below. All secured parties must sign and approve

this form. If there are more than two secured parties, provide the names and addresses and approval signatures on a separate sheet of paper and attach to this form. If there are none, write "none".

** 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 are listed, or if there are none, I have certified this by writing "none" in the space provided.

OWNER INFORMATION.			
PRINTED NAME OF OWNER(S)			
Tommy L. Wells and	mildred m. wells		
SIGNATURE OF OWNER**		SITUS ADDRESS	را بيد
SIGNATURE OF OWNER. Jummy L. Well by again.	Tillo Escrew and ma Sel	Lin 3396 Holbrook ST.	Ti lunith Pall
SIGNATURE OF OWNER®®		MAILING ADDRESS	•
milded musels by	Ergen Title + Ergy may	my Si Oussia	
SECURED PARTY INFORMATION:			·
NAME OF SECURED PARTY			
None			
ADDRESS OF SECURED PARTY			
SIGNATURE/APPROVAL OF SECURED PARTY			

NOTARY:

State of Oregon County of 15/2meth

The foregoing instrument was acknowledged before me this 11 the day of ________,20_5

Signature of Notary Public_

My commission expires: 3-62-2009

OFFICIAL SEAL MARLENE T. ADDINGTON NOTARY PUBLIC-OREGON COMMISSION NO. 390460 MY COMMISSION EXPIRES MAR. 22, 2009

This certification is being submitted for recording to the county clerk for the county in which the real property is located. A copy of said recorded document is being provided to the County Assessor in addition to the DCBS Manufactured Structure Notice of Sale Form 440-2952.

^{*}Secured party signatures must be notarized.