MTC-71008UV

## **APPLICATION AND CERTIFICATION EXEMPTING A MANUFACTURED STRUCTURE FROM OWNERSHIP DOCUMENT**

After recording return to: AmeriTitle

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# Of Pages 2

Fee: \$26.00

State Of Oregon, County Of Klamath

| 300 Klamath Avenue   |  |            |  |              |                                 |                |          |                                       |
|--|--|------------|--|--------------|---------------------------------|----------------|----------|---------------------------------------|
| Klamath Falls, OR 9760   | 1  |            |  |              |                                 |                |          |                                       |
|  |  |            |  |              |                                 |                |          |                                       |
| Send all future tax bills to: PEGEEN FITZPATRICK   |  |            |  |              |                                 |                |          |                                       |
| 33540 S CHILIQUIN RD   | -  |            |  |              |                                 |                |          |                                       |
| CHILOQUIN, OR 97624  |  |            |  |              |                                 |                |          |                                       |
|  |  |            | _  |              |                                 |                |          |                                       |
| Check appropriate box:   |  |            | Existin  | g home - X I | Plate Number (                  | if applicable) | X237791  |                                       |
| LEGAL DESCRIPTION OF MANUFACTURED STRUCTURE  |  |            |  |              |                                 |                |          |                                       |
| 1996 GUERDON<br>YEAR MAKE  |  |            | - L  | GDSTOR11     |                                 |                |          |                                       |
| TEAR PHANE   |  | HUD num    | · <del>y · · · · · · · · · · · · · · · · · ·</del> | AFHICLE IDE  | NTIFICATION NUN<br>QUIN ROAD, C | MBER (VIN)     | WIDTH    | LENGTH                                |
| Home ID  | County ID Nu   | mber       | Situs Addre  |              | QUIN KOAD, C                    | HILOQUIN,      | OR 9/624 |                                       |
| Legal description per ORS 93.600 or reference number of previously recorded deed: (attach additional sheets if needed) |  |            |  |              |                                 |                |          |                                       |
| Map and Tax Lot Number:  | ,  |            |  |              |                                 |                | •        |                                       |
| That portion of Government Lots 1 and 6 in Section 19, Township 35 South, Range 7 East, of                             |  |            |  |              |                                 |                |          |                                       |
| the Willamette Meridian, Klamath County, Oregon, lying Northerly of State Highway No. 422                              |  |            |  |              |                                 |                |          |                                       |
| (Chiloquin – Williamson River Highway)   |  |            |  |              |                                 |                |          |                                       |
| Total Annual IIII  |  |            |  |              |                                 |                |          |                                       |
| Tax Account No:  | -00200-00  | 10         | Key No:  | 24655        | 8                               |                |          |                                       |
|  |  |            |  |              |                                 |                |          |                                       |
| PEGEEN FITZPATRICK   | TO THE PARTY OF TH |            |  |              |                                 |                | ***      | · · · · · · · · · · · · · · · · · · · |
| PRINTED NAME OF OWNER(S  | )  |            |  |              |                                 |                |          |                                       |
| DDINTED NAME OF OWNED (C   | \ (For additional d  | numara akk | nah a assassa                                      | h43          |                                 |                |          |                                       |
| PRINTED NAME OF OWNER(S) (For additional owners, attach a second sheet)  33540 SOUTH CHILOQUIN RD, CHILOQUIN, OR 97624 |  |            |  |              |                                 |                |          |                                       |
| MAILING ADDRESS (If differer   | nt than situs addr   | ess)       |  |              |                                 |                |          |                                       |
| WASHINGTON MUTUAL BANK, 3060-139TH AVE SE BLDG 5, #401, BELLEVUE, WA 98005-0000  |  |            |  |              |                                 |                |          |                                       |
| SECURITY INTEREST HOLDER NAME AND ADDRESS (If no security interest holder, write "none")                               |  |            |  |              |                                 |                |          |                                       |
| SECURITY INTEREST HOLDER NAME AND ADDRESS (For additional security interest holders, attach a second sheet)            |  |            |  |              |                                 |                |          |                                       |
|  |  |            |  | ,            |                                 | and bridge     |          |                                       |
|  |  |            |  |              |                                 |                |          |                                       |



## CERTIFICATION

I certify that in accordance with ORS 446.626:

- ◆ The same person owns the manufactured structure and the real property as described above on which the manufactured structure is or will be situated <u>OR</u>
- The owner of the manufactured structure holds a recorded leasehold estate of 20 or more years of the land;
- The manufactured structure is or will be affixed to the real property and subject to taxation by the county in which it is located as an improvement to the real property;
- Each person with a security interest in the manufactured structure and each person with a security interest in the real property approves the exemption from ownership document; and
- 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.

X SIGNATURE/OF OWNER

X SIGNATURE OF OWNER

N O T

A R

Y

State of Oregon, County of

The foregoing instrument was acknowledged before me

ML.

this \_\_\_\_\_\_ day of \_\_\_

Signature of Notary Public

My commission expires:

1130/07 lthuby

,2005

