

After recording return to: Berrine & Baer Properties, LLC
109 Skyview Terrace
Ventura, CA 93003-1204

M06-07893

Klamath County, Oregon

04/24/2006 08:12:49 AM

Pages 2 Fee: \$26.00

Send all future tax bills to Berrine & Baer Properties, LLC
109 Skyview Terrace
Ventura, CA 93003-1204

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

YEAR	MAKE	HUD #	VIN/SERIAL#	WIDTH	LENGTH
1995	FLEETWOOD		CAFLR17AB167805H	26	44
EXEMPT FILE # (DMV EM # - IF KNOWN)	HOME ID #	RECORDERS DOCUMENT NUMBER	MAP & TAX LOT NUMBER		
218890 EMIF 28110					

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)

3809034 DA -1600	ENTERPRISE TRACS	LOT 12 & 15	POR
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If there is a secured interest in the property (land and manufactured structure), 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) <u>Berrine & Baer Properties, LLC</u>	SITUS ADDRESS <u>6640 Teal Drive</u> <u>Bonanza, OR 97623</u>
SIGNATURE OF OWNER** <u>Dawn Berrine member</u>	MAILING ADDRESS <u>109 Skyview Terrace</u> <u>Ventura, CA 93003</u>
SIGNATURE OF OWNER** <u>Cornelia G. Baer, Trustee of the Cornelia G. Baer Trust</u> <u>dated 11-20-02, member</u>	

SECURED PARTY INFORMATION:

NAME OF SECURED PARTY <u>Cornelia G. Baer, Trustee of the Cornelia G. Baer</u> <u>Trust dated 11-20-02</u>
ADDRESS OF SECURED PARTY <u>109 Skyview Terrace, Ventura, CA 93003-1204</u>
SIGNATURE/APPROVAL OF SECURED PARTY <u>Cornelia G. Baer</u>

*Owner and Secured party signatures must be notarized. Attach additional sheets if necessary.

NOTARY :

State of Oregon

County of KLAMATH

The foregoing instrument was acknowledged before
me this _____ day of _____, 20____
by _____.

Signature of Notary Public _____

My commission expires: _____

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.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

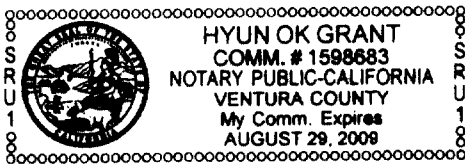
State of CALIFORNIA

County of VENTURA

On APRIL 12, 2006 before me, HYUN OK GRANT,
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared CORNELIA G. BAER,
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE