

APPLICATION AND CERTIFICATION  
EXEMPTING A MANUFACTURED STRUCTURE FROM  
OWNERSHIP DOCUMENT

2006-016944

Klamath County, Oregon



00001861200600169440040042

08/22/2006 03:32:43 PM

Fee: \$36.00

After recording return to:

Douglas Brown  
945 Pine Tree Lane  
Aptos, Ca. 95003

Send all future tax bills to:

Same as above

Check appropriate box: ☐ New home ☐ Existing home - X Plate Number (if applicable) X162668

ASPEN: 63767MS

LEGAL DESCRIPTION OF MANUFACTURED STRUCTURE

1980 YEAR	HOMETTE MAKE	HUD number	03950863N VEHICLE IDENTIFICATION NUMBER (VIN)	WIDTH	LENGTH
226857	M65501	29744 SEAL LAND, BONANZA, OR 97623			
Home ID	County ID Number	Situs Address			

Legal description per ORS 93.600 or reference number of previously recorded deed: (attach additional sheets if needed)

Map and Tax Lot Number: R-3711-020A0 TL 02500-000

Lot 22, Block 16, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 1,

According to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

PRINTED NAME OF OWNER(S) Douglas Brown & Leslie Brown Trustees of the Douglas Brown & Leslie Brown 2005  
Revocable Trust and Sandra Geist

PRINTED NAME OF OWNER(S) (For additional owners, attach a second sheet)

MAILING ADDRESS (If different than situs address) 945 Pine Tree Lane, Aptos, CA 95003

SECURITY INTEREST HOLDER NAME AND ADDRESS (If no security interest holder, write "none" Attach additional sheet if needed) None

ACKNOWLEDGMENT

Shirley Shaw  
County Assessor/Tax Collector or Escrow Officer

8/22/06  
Date

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 **OR**
- 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

X SIGNATURE OF OWNER

Leslie Brown  
Sandra Geist  
Douglas Brown

State of California, County of \_\_\_\_\_

N  
O  
T  
A  
R  
Y

The foregoing instrument was acknowledged  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Revised 9.1.05

\$36-A

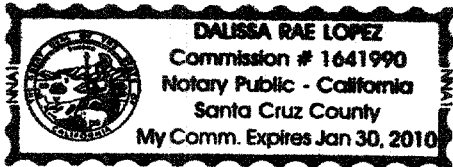
# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Cruz } ss.

On Aug, 21, 2006, before me, Dalissa Rae Lopez, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Douglas Alan Brown,  
Name(s) of Signer(s)

☐ personally known to me



☒ 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.

Place Notary Seal Above

Dalissa Rae Lopez  
Signature of Notary Public

## OPTIONAL

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

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

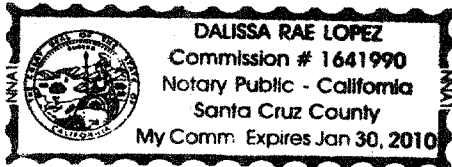
# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Cruz } ss.

On Aug. 21, 2006, before me, Dalissa Rae Lopez, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Sandra Strom Geist  
Name(s) of Signer(s)

☐ personally known to me



☒ I 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.

Place Notary Seal Above

Dalissa Rae Lopez  
Signature of Notary Public

## OPTIONAL

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

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Cruz

SS.

On Aug. 21, 2006

Date

before me,

Dalissa Rae Lopez-Notary Public

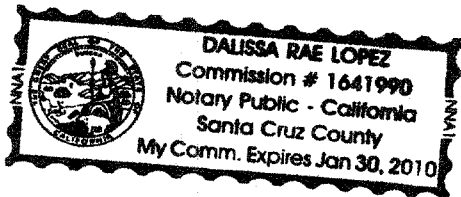
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Leslie Ruth Brown

Name(s) of Signer(s)

☐ personally known to me



☒ 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.

Place Notary Seal Above

Dalissa Rae Lopez  
Signature of Notary Public

## OPTIONAL

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

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here