

2007-006330

Klamath County, Oregon

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

After recording return to:

Deschutes County Title Co.
397 SW Upper Terrace Drive
Bend, OR. 97701



00019529200700063300030034

04/04/2007 02:52:42 PM

Fee: \$31.00

Send all future tax bills to:

Minnie R. Cameron
1906 Hackett Drive - La Pine, or. 97739

Check appropriate box: ☐ New home☒ Existing home - X Plate Number (if applicable) X 146888ATE: 64455

LEGAL DESCRIPTION OF MANUFACTURED STRUCTURE

1978 YEAR	Vande MAKE	HUD number	04781635 AB VEHICLE IDENTIFICATION NUMBER (VIN)	WIDTH	LENGTH
Home ID <u>214951</u>	County ID Number <u>M 58056</u>	Situs Address <u>1906 Hackett Drive, La Pine, or. 97739</u>			

Legal description per ORS 93.600 or reference number of previously recorded deed: (attach additional sheets if needed)
Map and Tax Lot Number: 2309 - 024 B0 TL 02300

LOT 4, BLOCK 15, First Addition To River Pine Estates, according to the official plat thereof on file →
PRINTED NAME OF OWNER(S) Minnie R. Cameron (Alan L. Cameron) deceased

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

MAILING ADDRESS (If different than situs address)

1120 NE 33rd Place, Ste. 200, Bellevue, wa. 98004
* SECURITY INTEREST HOLDER NAME AND ADDRESS (If no security interest holder, write "none". Attach additional sheet if needed) Seattle Mortgage Co.

ACKNOWLEDGMENT

Dee Pratt Escrow Officer
County Assessor/Tax Collector or Escrow Officer

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

State of Oregon, County of Deschutes

The foregoing instrument was acknowledged
before me this 8th day of March, 2007
by Minnie Rose Cameron

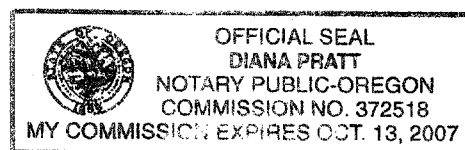
Signature of Notary Public

Diana Pratt

My commission expires:

10/13/2007

NOTARY



Revised 9.1.05

#31-A

Additional Sheet for Legal Description if needed.

in the office of the Clerk of Klamath
County, Oregon.

Unofficial
Copy

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

404617

I.D. TAG NO.

596
Local File Number

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

1. DECEDENT'S NAME First: Alan Middle: LeRoy Last: CAMERON			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) July 9, 2003	
4. SOCIAL SECURITY NUMBER 543-40-7461		5a. AGE: Last Birthday (Years) 66		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Roosevelt, MN
7. DATE OF BIRTH (Month, Day, Year) May 21, 1937		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER		9b. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center				
9c. CITY, TOWN, OR LOCATION OF DEATH Bend		9d. COUNTY OF DEATH Deschutes				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Water Well Driller		10b. KIND OF BUSINESS/INDUSTRY Well Drilling		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Minnie
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION La Pine		13d. STREET AND NUMBER 1906 Hackett Drive
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97739		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		17. FATHER - NAME first middle last Alex Cameron				
18. MOTHER - NAME first middle maiden Frances Bolton		19. INFORMANT - NAME and relationship to deceased Minnie Cameron - Wife				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) La Pine Community Cemetery		20c. LOCATION - City or Town, State La Pine, Oregon		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Bradley Bland</i>		21b. OREGON LICENSE NO. (Of Licensee) 0474		22. NAME, ADDRESS AND ZIP OF FACILITY Central Pines Funeral Home P.O. Bx 1530 La Pine, OR 97739		
23. DATE FILED (Month, Day, Year) July 16, 2003		24. REGISTRAR'S SIGNATURE <i>Jacqueline Cooper, Deputy</i>				
RESERVED FOR REGISTRAR'S USE						
27. TIME OF DEATH 8:38 P.M.				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Alan Hilles</i>				30. DATE SIGNED (Month, Day, Year) 7/15/03		
31. TIME OF DEATH M				32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
33. DATE SIGNED (Month, Day, Year)				34. COUNTY		
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alan Hilles, MD 1501 NE Medical Center Drive Bend, OR 97701						
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I (a) DUE TO, OR AS A CONSEQUENCE OF Stroke		Interval between onset and death One Week				
(b) DUE TO, OR AS A CONSEQUENCE OF Hypertension		Interval between onset and death Years				
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.						
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Daniel W. Peddy
DANIEL W. PEDDYCORD
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

45-2-Rev (3/01)

