After recording return to: John W. Yoost P.O. Box 23 Sprague River, OR 97639

Send all future tax bills to: Same as above

2008-005634 Klamath County, Oregon



04/17/2008 03:20:46 PM

Fee: \$21.00

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

YEAR	MAKE		HUD#	VIN/SERIAL#		WIDTH	LENGTH	
1985	Champio	n		1659305259		66	14	
EXEMPT FILE (DMV EM #- IF KN	C#		E ID#	RECORDERS DOCUMENT	NUMBER	MAP & TA	X LOT NUMBER	
122095 Volume M98, page 29134 R37						R3709-2900	709-2900-01900-000	
LEGAL DESCRI Please list the lega		upon wh	ich the structure is loc	ated in the space below. This may eith	ner be a convoft	he deed or a de	scription of the	
	ed in the county deed rec				-o- o- w copy o- w		our paid of the	
Lot 4 of Tract 13	10-Plum Valley II, acco	rding to 1	he official plat thereof	f on file in the office of the County Cle	rk of Klamath C	ounty, Oregon		
If there is a secure	d interest in the property	(land an	d manufactured structi	ure), list the names and addresses of al	I security interest	t holders, morts	gagees, trust deed	
beneficiaries or lie	n holders of record hold	ing any i	nterest in the land and	manufactured structure in the spaces band addresses and approval signatures	elow. All secur	ed parties mus	st sign and approve	
If there are none, v		icu parin	s, provide the names a	and addresses and approval signatures	on a separate sne	et of paper and	attach to this form.	
** I/We certify t	hat the statements made	on this a	nnlication are true to t	he best of my/our knowledge. All mor	rtagaees trust de	ed heneficiarie	s lien holders of	
record and security	y interest holders are list	ed, or if t	here are none, I have o	certified this by writing "none" in the s	pace provided.	ca beliefferance	s, nen noiders of	
OWNER INFOR								
PRINTED NAME O	FOWNER(S) Carlson and	CHan	non Metcalf					
SIGNATURE OF O		Ditail	non neccari		SITUS ADDRESS			
Alle	2				9825 Sim Klamath	pson Can Falls, O	yon Road R 97601	
SIGNATURE OF OV	M (M)	0 +			same as			
	VI CITY	<u> </u>	\sim X		<u> </u>			
SECURED PARTY INFORMATION: NAME OF SECURED PARTY								
NAME OF SECORES FART								
ADDRESS OF SECURED PARTY								
SIGNATURE/APPROVAL OF SECURED PARTY*								
*Owner and Secured party signatures must be notarized. Attach additional sheets if necessary.							•	
NOTARY:								
State of Orego	n. 1				~~~-			
County of	Manuath				0	FFICIAL SE		
					MARI	ORIE A S	TUART 8	
me this U	instrument was ack	novied	~~~		MY COMMISSI	SSION NO.	REGON () 412331 ()	
by Stork	TA CASU	30	Eshanu	or Metaly	199000		C 20, 2010()	
Si Si	D 11		1 20111					
Signature of Notary Public / WW								
My commission	on expires: (U	(w)	100			:		
Revised 8.1.05						!		
						!		