1St 2303979-MT

APPLICATION AND CERTIFICATION EXEMPTING A MANUFACTURED STRUCTURE FROM OWNERSHIP DOCUMENT

(For Cou

2014-009315 Klamath County, Oregon 09/08/2014 12:50:32 PM

Fee: \$47.00

After recordi	ng return			
homas Gall	acher			
DOBOY	242			
2011001	Creak	CA	95006	
JULIAL I	LANCEA	1	1 12 12 12 12 12 12 12 12 12 12 12 12 12	
Send all futu		to:		
Same As Abo	ove			
File No.: 7021	-2303979 (M	III)		
			New home	X Existing home – X Plate Number (if applicable) X153294
Check app	горгіате в	OX:	CON DECCRI	IPTION OF MANUFACTURED STRUCTURE
1977	Fuqua		ORE 023272	LENGTH LENGTH
YEAR	MAKE		HUD Number	VEHICLE IDENTIFICATION NOTICES (172
219745	R368		18	510 Roosevelt St, Klamath Falls, OR 97601
		County	ID Number	Situs Address
Legal descr	ption per C	RS 93.6	00 or referenc	ce number of previously recorded deed: (attach additional sheets if
ot 4 in Blo	ck 22 of Fir	st Additi	on to the City	of Klamath Falls, Oregon, according to the official plat thereof on file in
the office of	f the Count	y Clerk o	f Klamath Cou	unty, Oregon.
Thomas J G	allacher			
PRINTED NA		R(S)		
PRIVILD WA	TIL 0. 0			
	45 OF OWN	"D(C) /Fo	r additional own	ners, attach a second sheet)
PRINTED NA	ME OF OWN	EK(S) (FO	r additional own	ners, attach a second sheet)
PO Box 242	, Boulder C	reek, CA	95006	
MAILING AD	DRESS (If dif	ferent tha	an situs address)	
	-		400	
SECURITY IN	ITEREST HO	LDER NAM	ME AND ADDRES	SS (If no security interest holder, write "none" Attach additional sheet if needed)
SECONDA T E				ACKNOWLEDGMENT
First Ameri	can Title Co	mpany (of Oregon by:	
County Asse	ssor/Tax Coll	ector or E	scrow Officer	Date
			1	CERTIFICATION
			UL ORG 446 62	261
I certify the	at in accord	ance wi	th ORS 446.62	ed structure and the real property as described above on which the manufactured
				re holds a recorded leasehold estate of 20 or more years of the land;
1 H	e manufacti	red struc	ture is or will b	e affixed to the real property and subject to taxation by the county in which it is
A 55	ch nerson W	ith a sec	urity interest in	the manufactured structure and each person with a security interest in
pr	operty appro	ves the e	xemption from	ownership document; and
• 11	is certification	n is bein	g submitted for	recording to the county early for the county in which the real property is located.
Ä	copy of said	d recorde	d document is	recording to the county clerk for the county in which the real property is located. being provided to the county Assessor in addition to the DCBS Manufactured
St	ructure Notic	ce for Sale	Form 440-2952	2.
			,	Man 1 1/
				The American Control of the Control
X SIGNAT	JRE OF OW	NER		-
•				
X SIGNAT	JRE OF OW	NER		
·			e Vienelle	
N State	of Oregon,	county o	f <u>Klamath</u>	
 	avaasina inc	trumant	wac acknowled	lged before me

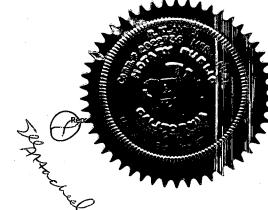
F. 52.10

T this

R

Signature of Notary Public

My commission expires:



State of California) :
	# }
County of SintaGruz	J
On September 3, 2014 before me,	R. Klamner Votany Rubhis. Here Insert Name and Title of the Officer Tames Galacher
Date	Here Insert Name and Title of the Officer
personally appeared	Name(s) of Signer(s)
- Charles - Char	
	who proved to me on the basis of astisfactor
	who proved to me on the basis of satisfactory evidence to be the person s) whose name s satisfactory
	subscribed to the within instrument and acknowledged
	te me that he/she/they executed the same in
R. KLAMMER	her/their authorized capacity(ies), and that by
Commission # 2022730 Notary Public - California	his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
Santa Cruz County	person(s) acted, executed the instrument.
My Comm. Explore the 27, 2017	Loadify hander DENIALTY OF DED HIDY L
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
	paragraph is true and correct.
•	
	WITNESS my hand and official seal.
Show Makes Could be	Signature: Signature of Notary Public
Place Notary Seal Above O	PTIONAL Signature of Notary Public
Though the information below is not required	by law, it may prove valuable to persons relying on the document val and reattachment of this form to another document.
Description of Attached Document	var and realities missing of the form of another accounters.
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:	Signer's Name:
☐ Corporate Officer — Title(s):	Corporate Officer — Title(s):
☐ Individual RIGHT THUI	WBPRINT I Individual RIGHT THUMBPRINT OF SIGNER
☐ Partner — ☐ Limited ☐ General Top of thur	C D
☐ Attorney in Fact	☐ Attorney in Fact
☐ Trustee	☐ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other:	Other:
	0: 1.0
Signer Is Representing:	Signer Is Representing: