

TO BE FILED
WITH COUNTY
CLERK

Manufactured Housing Transfer Statement

• Read instructions on reverse side

FORM
521MH

1 County Name	2 County Number	3 Date of Sale Mo. _____ Day _____ Yr. _____
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5 Seller's Name, Address, and Telephone (Please Print) Seller's Name		6 Buyer's Name, Address, and Telephone (Please Print) Buyer's Name	
Street or Other Mailing Address		Street or Other Mailing Address	
City	State	Zip Code	City State Zip Code
Telephone Number ()		Telephone Number ()	

7 Type of Transfer
 Sale Auction Gift Exchange Foreclosure Satisfaction of Contract Life Estate Other (Explain) _____

8 Ownership Transferred in Full (If No, explain division)
 YES NO _____

9 Was home purchased for same use? (If No, intended use)
 YES NO _____

10 Was sale between relatives?
 YES NO
 (If Yes, check appropriate box at right) Spouse Parents and Child Family Corporation or Partnership
 Grandparents and Grandchild Brothers and Sisters Aunt or Uncle to Niece or Nephew Other _____

11 If the home was transferred for nominal consideration, what is the current market value? _____

12 Was mortgage assumed? If Yes, state amount and interest rate.
 YES NO \$ _____ at _____ %

13 Was sale through an agent?
 YES NO If Yes, name of agent: _____

14 Length (Without Hitch)	15 Width	16 Make	17 Model	18 Year
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19 Location of Home Before Sale	20 Name and Address of Person to Whom Tax Statement Should be Sent
19a Location of Home After Sale	

21 Name and Address of Land Owner	22 Legal Description of Land
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23 Total purchase price, including any liabilities assumed	23		
24 Was nonreal property included in purchase? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list cost below)			
24a Furnishings	24a		
24b Moving Costs	24b		
24c Set-up Costs	24c		

Under penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true and correct, and that I am duly authorized to sign this statement.

25 **sign here** Print or Type Name of Buyer or Authorized Representative _____ Telephone Number _____

Signature of Buyer or Authorized Representative _____ Title _____ Date _____

THIS STATEMENT SHOULD BE FILED WITH THE COUNTY CLERK IN THE COUNTY WHERE THE APPLICATION FOR TITLE IS MADE
COUNTY CLERK — White Copy ASSESSOR — Pink and Canary Copies PURCHASER — Goldenrod Copy