

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. _____	
5 Seller's Name, Address, and Telephone (Please Print) Seller's Name Street or Other Mailing Address City State Zip Code Telephone Number ( )			6 Buyer's Name, Address, and Telephone (Please Print) Buyer's Name Street or Other Mailing Address City State Zip Code 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

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