

Affidavit in Support of Change to a Manufactured Home

Department of Consumer and Business Services Building Codes Division

1535 Edgewater St. NW, Salem, Oregon • Phone: 503-378-4530 • Fax: 503-378-4101 Web: oregon.gov/bcd

HOME INFORMATION					
Home ID number (if known): DMV X-plate number (if known):					
AFFIDAVIT INFORMATION					
This affidavit can be used to support ownership changes without the applicant being required to submit legal documents and must be submitted along with a Manufactured Home Ownership Document Application for New and Used Homes (440-2952) and a valid tax certification, signed by the county in which the home resides.					
APPLICANT/OWNERSHIP INFORMATION					
Applicant's name (last, first, middle):			Pho	ne:	
Address:					
City:			State:	ZIP:	
Email:					
HOME INFORMATION					
Manufacturer:	Yea	Year:			
Serial number: HUD labe		HUD label numbers:	numbers:		
I am a co-owner of the manufactured home identified above and am listed with a right of survivorship with (list all owners) I affirm that is/are deceased and that I possess a copy of the death certificate(s).					
☐ I affirm that if the buyer, new owner, or seller is a trust or conservatorship, that I am an authorized representative of the trust or conservatorship and that I have the legal standing to sign for the trust or conservatorship.					
☐ I affirm that, if ownership is transferring because of a divorce, I have been awarded sole ownership of this manufactured home and possess a copy of the court order with case number stating that award.					
☐ I affirm that I have power of attorney for:					
SIGNATURE					
I hereby attest that, to the best of my knowledge, this structure is free from all liens and claims of ownership, except as show in the attached ownership document application. I further attest that the information on this affidavit is true and correct.					
Print name: Signature:					
State of					
County of					
Signed and sworn to (or affirmed) before me on		(date) by _			
Notary					
		(Notary sea	1)		

