



OFFICIAL RECORD
AMY ELMER, RECORDER

APN# 003-131-010
(Must match APN# on document to be Recorded)

Department of Business and Industry
Nevada Housing Division
Manufactured Housing

Affidavit of Conversion
to Real Property (TL-110)

County of Lincoln

RECORDING COVER PAGE
(Must be Typed or Printed legibly in black ink only. Do Not Print in 1" margins of this document)

Above Space for Recorder's Use ONLY

TITLE OF DOCUMENT:
AFFIDAVIT OF CONVERSION TO REAL PROPERTY TL-110
(Must match Title on document to be Recorded)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document submitted for recording does not contain any personal information and/or social security number of any person or persons (Per NRS 239B.030)

SIGNATURE TITLE
Erin Larsen
PRINT NAME

RECORDING REQUESTED BY:

Erin Larsen
Name

RETURN TO: Name: Erin Larsen
Address: 3116 Shimmering Moon St Henderson, NV 89015
Street City State Zip Code

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name: _____
Address: _____
Street City State Zip Code

DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA HOUSING DIVISION – MANUFACTURED HOUSING
1830 E. College Pkwy, #120, Carson City, Nevada 89706; Phone: 775-684-2940
3300 W. Sahara Ave. #320, Las Vegas, Nevada 89102; Phone: 702-486-4135
Website: housing.nv.gov / Email: titles@housing.nv.gov

AFFIDAVIT OF CONVERSION TO REAL PROPERTY (TL-110)

Applicant Email Address (required): LULAROEERINLARSEN@GMAIL.COM /

Applicant Phone Number (required): 702-326-1902 /

SECTION 1. DESCRIPTION OF THE STRUCTURE (Personal Property)

Year: 2012 Manufacturer: CMH MANUFACTURING WEST Model: CLAYTON

Serial # BUC003842AZAB Size: 72" x 160" AND 72" x 160"

Manufacturer's Certificate of Origin #: _____ (If available) Insignia No.: _____ (If available)

Physical Location: 944 HOLT AVE. CALIENTE NV 89008
Street City State Zip Code

SECTION 2. DESCRIPTION OF REAL PROPERTY (Land)

Assessor Parcel Number (APN): 313106

Legal Description: _____

SECTION 3. PERSONAL PROPERTY (Manufactured Home)

Owner/Buyer(s): ERIN MICHELLE & SAMUEL LARSEN E-Mail Address: LULAROEERINLARSEN@GMAIL.COM
[Land Must be owned by Owner of the Manufactured Home unless land is leased per NRS 361.244.1.B]

Mailing Address: 316 SHIMMERING MOON ST. City HENDERSON State NV Zip 89015

Current Lienholder (If Any): NONE

Mailing Address: _____ City _____ State _____ Zip _____

Assessor's Office Manufactured Home Account# _____ (Assessor's Office)

SECTION 4. LEASED REAL PROPERTY (LAND) (If Real Property Land is Leased in accordance with NRS 361.244.1.B)

Land Owner(s): _____ E-Mail Address: _____

Mailing Address: _____ City _____ State _____ Zip _____

Current Lienholder (If Any): _____

Mailing Address: _____ City _____ State _____ Zip _____

SECTION 5. ENFORCEMENT AGENCY ISSUING PERMIT & CERTIFICATE OF OCCUPANCY (If Applicable)

Enforcement Agency: CITY OF CALIENTE
~~LINCOLN COUNTY BLDG~~ Agency Official Name: KENNETH DIXON

Agency Official's Email: KDIXON@CITY OF CALIENTE.COM Phone Number: 702-326-1902

Building Permit No.: 2014-5 (If Applicable) **Permanent Foundation System Installation**

Installation Seal No.: NONE Agency Official Signature: [Signature]

PER CITY ORDINANCE FOR
PERMENT FOUNDATION +
NEVADA MANUFACTURER HOUSING REGULATIONS

[This document is evidence that the indicated Enforcement Agency has issued a Certificate of Occupancy for installation of the Permanent Foundation System for the unit upon the real property, both as described herein, as of the date of recording by the County Recorder. When recorded, this document (Form TL-110) shall be submitted to the Nevada Housing Division].

SECTION 6. DEALER INFORMATION (If a Dealer was involved in the sale of the manufactured home)

Dealer Name: _____ Dealer License No.: _____ E-Mail: _____

Mailing Address: _____ City _____ State _____ Zip _____

Note: A Copy of the Dealer Report of Sale (DRS) may be attached to this TL-110 Form

SECTION 7. SIGNATURES AND NOTARIZATION (Do not sign until in front of a Notary)

The undersigned, as owner(s)/buyer(s) of the above described manufactured/mobile home and real property (unless leased as indicated in Section 4. and financed in accordance with NRS 361.244.1.B), affirm that the running gear has been removed per NRS 361.244, the home has been installed in accordance with all state and local building codes and agree(s) to the conversion of the above described home to real property, understanding that any liens or encumbrances on the unit may become a lien on the land.

I, the undersigned, hereby affirm that this document submitted for recording does not contain any personal information

[Signature]
Signature of Manufactured Homeowner/Buyer (s)

Erin Michelle Larsen
Print Name

[Signature]
Signature of Manufactured Homeowner/Buyer (s)

Samuel Larsen
Print Name

Signature of Landowner (s) (If Leased)

Print Name

Signature of Landowner (s) (If Leased)

Print Name

Signature of Lienholder (s) (If Any)

Print Name

Signature of Lienholder (s) (If Any)

Print Name

(FOR NOTARY USE ONLY)

State of NEVADA County CLARK
Subscribed and sworn to before me,

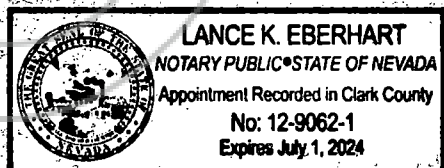
LANCE K. EBERHART
(Name of Notary Public)

on this 8th day of OCTOBER, 2021

by ERIN MICHELLE LARSEN

(Printed name of party appearing before Notary)

[Signature]
Notary Public Signature Notary Stamp or Seal



State of NEVADA County CLARK
Subscribed and sworn to before me,

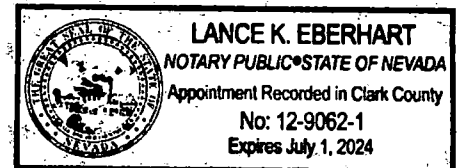
LANCE K. EBERHART
(Name of Notary Public)

on this 8th day of OCTOBER, 2021

by SAMUEL LARSEN

(Printed name of party appearing before Notary)

[Signature]
Notary Public Signature Notary Stamp or Seal



SECTION 8. AUTHORIZATION BY COUNTY ASSESSOR [NRS 361.244]

Mark R Holt
County Assessor Signature

10-11-2021
Date

MARK R. HOLT
Print Name

Personal property taxes must be paid in full for the current year. All documents relating to the manufactured home must be surrendered to the Nevada Housing Division. **This conversion is not valid until issuance of a "Real Property Notice" to the assessor's office.** The manufactured house will then be placed on the next succeeding tax roll as real property.

When Recorded Mail To: 316 Shimmering Moon St Henderson NV 89015
Street City State Zip

Distribution: ORIGINAL to Nevada Housing Division
COPY to Lien holder or Owner/Buyer
E-MAIL to Lien holder, Owner/Buyer and Landowner

