

APN# 008-061-19
(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



OFFICIAL RECORD
AMY ELMER, RECORDER

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)

Sue E. Saunders Trustee
SIGNATURE TITLE
SUE E. SAUNDERS
PRINT NAME

RECORDING REQUESTED BY:

SUE E. SAUNDERS
Name

RETURN TO: Name: Burton Family Trust
Address: P.O. Box 168 Alamo, NV. 89001
Street City State Zip Code

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

Name: Burton Family Trust
Address: P.O. Box 168 Alamo, NV. 89001
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): SSacctg123@gmail.com
Applicant Phone Number (required): 762-340-6274

SECTION 1. DESCRIPTION OF THE STRUCTURE (Personal Property)

Year: 1999 Manufacturer: GOLDEN WEST Model: GOLDEN WEST
Serial # GWCA 21 L 262 31 AB Size: _____
Manufacturer's Certificate of Origin #: _____ (If available) Insignia No.: _____ (If available)
Physical Location: 941 Rocky Road Alamo, NV. 89001
Street City State Zip Code

SECTION 2. DESCRIPTION OF REAL PROPERTY (Land)

Assessor Parcel Number (APN): 008-061-19
Legal Description: PARCEL 2 BURTON PARCEL MAP B/146

SECTION 3. PERSONAL PROPERTY (Manufactured Home)

Owner/Buyer(s): BURTON FAMILY TRUST E-Mail Address: SSacctg123@gmail.com
[Land Must be owned by Owner of the Manufactured Home unless land is leased per NRS 361.244.1.B]
Mailing Address: Po Box 168 City Alamo State NV Zip 89001
Current Lienholder (If Any): n/a
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: Lincoln Co. Agency Official Name: Lincoln Co. Building Dept.
Agency Official's Email: _____ Phone Number: 775-962-8064
Building Permit No.: 1325 (If Applicable) Permanent Foundation System Installation
Installation Seal No.: 97915 Agency Official Signature: _____

SECTION 8. AUTHORIZATION BY COUNTY ASSESSOR [NRS 361.244]

Mark R Holt
County Assessor Signature

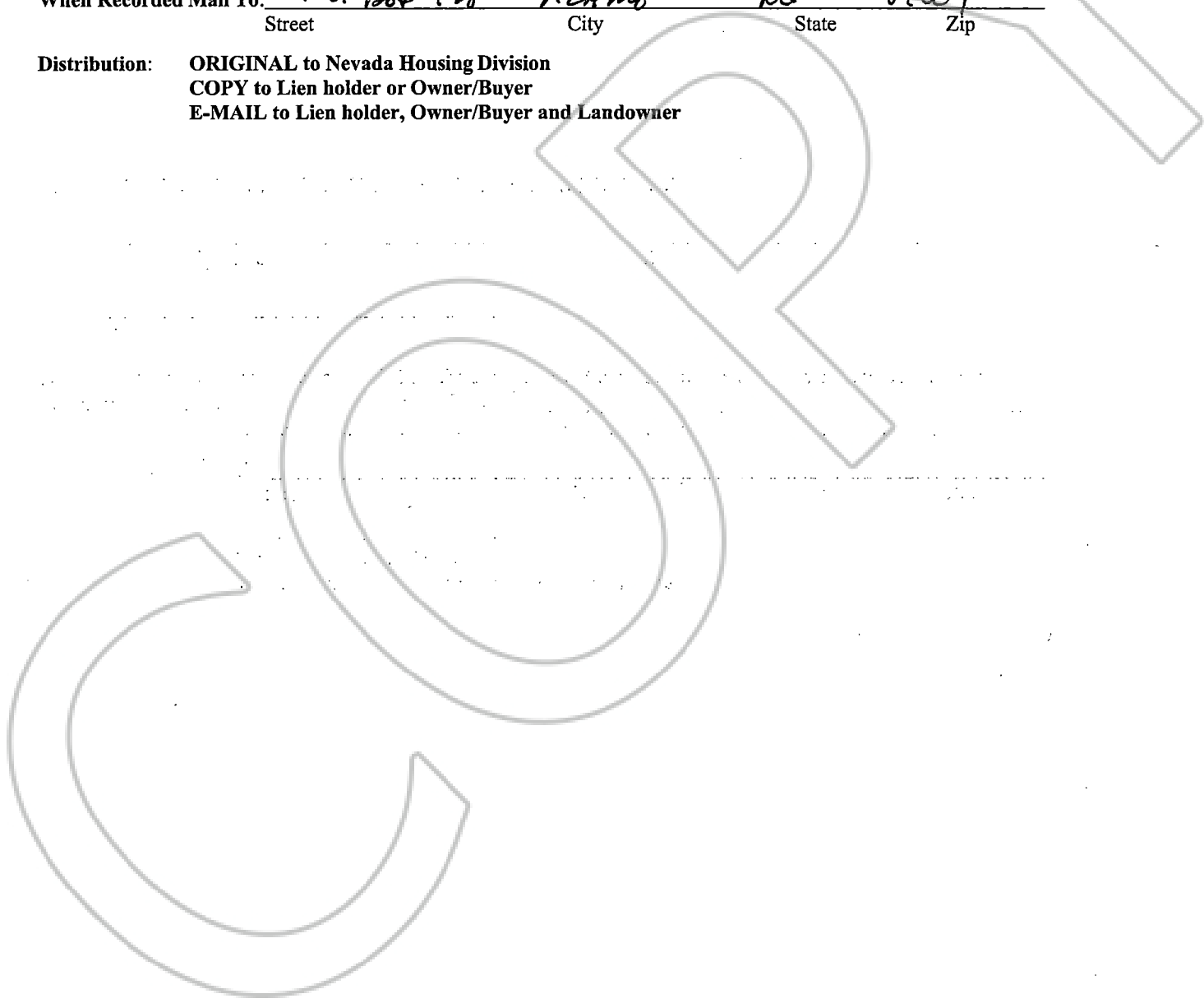
FEB. 24th 2022
Date

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: P.O. Box 168 Alamo NV 89001
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



[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: Golden West Homes Dealer License No.: 31265 E-Mail: _____

Mailing Address: 3100 N. PERKINS BLVD City PERKINS State CA Zip 92571

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

Sue E. Saunders for trustee Burton Family Trust Signature of Manufactured Homeowner/Buyer (s)

SUE E. SAUNDERS TRUSTEE Burton Family Trust Print Name

Signature of Landowner (s) (If Leased)

Print Name

Signature of Lienholder (s) (If Any)

Print Name

(FOR NOTARY USE ONLY)

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

State of _____ County _____
Subscribed and sworn to before me,

Sue E. Taylor L. Cornforth
(Name of Notary Public)

(Name of Notary Public)

on this 24th day of February, 2022

on this _____ day of _____, 20____

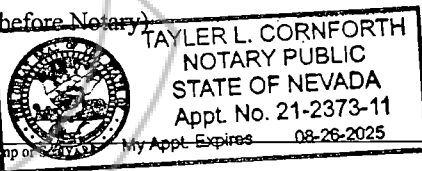
by Sue E. Saunders

by _____

(Printed name of party appearing before Notary)

(Printed name of party appearing before Notary)

Taylor L. Cornforth
Notary Public Signature



Notary Public Signature

Notary Stamp or Seal