Texas Department of Housing and Community Affairs, Manufactured Housing Division

STATEMENT OF OWNERSHIP AND LOCATION

On January 1st of each year, a tax lien comes into existence on a manufactured home in favor of each taxing unit in the jurisdiction where the home is actually located on January 1st. In order to be enforced, any such lien must be recorded with the Texas Department of Housing and Community Affairs, Manufactured Housing Division as provided by law. You may check our records through our website or contact us to learn of any recorded tax liens. To find out about the amount of any unpaid tax liabilities, contact the tax office for the county where the home was actually located on January 1st of that year.

Certified Copy of Original Statement of Ownership and Location

Date Issued: 01/02/2008 **Certificate Number: MH00253006**

Manufacturer	Label/Seal No	Serial No	Weight	Size
MHDMAN00000012 DBA SKYLINE HOMES 1650 SWAN LAKE ROAD BOSSIER CITY, LA 71111	LOU0052614	8D531025J	18000	16.0 X 68.0

Model	Date of Manufacture	Total Sq. Feet	Wind Zone	County Where Installed
WINNER	11/26/1996	1088	II	NUECES

The Owner(s) have elected to declare the manufactured home as:

PERSONAL PROPERTY

Owner of Record

MARIA R. MORALES
4933 CALVIN DR.
CORPUS CHRISTI, TX 78411

Seller

EDGAR E CAMACHO
MARTHA C CAMACHO
3309 DARLING ST.
PASADENA, TX 77503-1323

Physical Address

6301 OLD BROWNSVILLE RD.
#E-42
CORPUS CHRISTI, TX 78417

Right of Survivorship: No

Lien(s) *The following liens, charges, or other encumbrances are reflected as having been created affecting the manufactured home.*

NO LIEN

NO LIEN

Joe A. Garcia, Interim Executive Director
or his duly authorized designee.

Owner Copy

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
MANUFACTURED HOUSING DIVISION
P. O. BOX 12489 Austin, Texas 78711-2489
(800) 500-7074, (512) 475-2200 FAX (512) 475-1109
Internet Address: www.tdhca.state.tx.us/mh/index.htm

APPLICATION FOR STATEMENT OF OWNERSHIP AND LOCATION

The filing of an application for the issuance of a Statement of Ownership and Location, later than sixty (60) days after the date of a sale to a consumer for residential use, may result in a fee of up to one hundred dollars ($100). Any such application that is submitted late may be delayed until the fee is paid in full.

BLOCK 1: Transaction Identification

Type of Transaction		Regular or Priority Handling	(For Department Use Only) Coding:
Personal Property Transaction	**Real Property Transaction**	☐ **Regular Handling** Completed applications will be processed within 15 working days from date received.	Lien on file: Y / N
☐ New	☐ New		Lienholder Code
■ Used	☐ Used		County Code:
☐ Lien Assignment	☐ Update SOL	☐ **Priority Handling Requested** An additional $55 fee is included with payment to review application within 5 working days from date received.	Right of Surv.: Y / N
☐ Other:_____	☐ Other_____		GF#:

BLOCK 2(a): Home Information (required)

Manufacturer Name:	DBA SKYLINE HOMES	Model:	WINNER
Address:	1650 SWAN LAKE ROAD	Date of Manufacture:	1996
City, State, Zip:	BOSSIER CITY, LA 71111	Total Square Feet:	1088
License Number:		Wind Zone:	2

	Label/Seal Number	*Complete Serial Number*	*Weight*	*Size**
Section 1:	LOU 0052614	8D5310225J	18000	16 X 68
Section 2:				X
Section 3:				X
Section 4:				X

** NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest ½ foot at the base of the home, exclusive of the tongue or other towing device.*

2(b) Is home being sold? ☐ No ☐ Yes
If yes, and **if there is/are no HUD Label(s) or Texas Seal**(s) on your home, a Texas Seal will need to be purchased and will be issued to each section of your home at an **additional cost** of $35.00 per section.
Indicate which section(s) needs a Texas Seal(s): _____ *(Single - $35 Double - $70 Triple - $105)*

BLOCK 3: Home Location (required)

Physical Location of Home: *(or 911 address)*	6301 OLD BROWNSVILLE RD. E-42	CORPUS CHRISTI	TX	78417	NUECES
	Physical Address (cannot be a Rt. or P. O. Box)	*City*	*State*	*ZIP*	*County*

Was home moved for this sale? ■ No ☐ Yes If yes, include a copy of moving permit.
Was Home Installed for this sale? ■ No ☐ Yes If yes, provide installer information below, if known

Installer Name, address and phone:

BLOCK 4: Ownership Information (required)

4(a) Seller(s) or Transferor(s)		4(b) Purchaser(s), Transferee(s), or Owner(s)	
Name	License # if Retailer:	Name	License # if Retailer:
Name MARIA R. MORALES		Name KEVIN A. WIEDERHOLD	
Mailing Address 4933 CALVIN DR.		Mailing Address 6301 OLD BROWNSVILLE RD. E-42	
City/State/Zip CORPUS CHRISTI, TX. 78411		City/State/Zip CORPUS CHRISTI, TX. 78417	
Daytime Phone Number (361) 728 - 4140		Daytime Phone Number (361) 737 - 4833	

4(c) Date of sale, transfer or ownership change: 12/15/2011

Label #: LOU 0052614	Serial #: 8D5310225J	GF# (for title co.):

BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)

If joint owners desire right of survivorship, check the applicable box below:

- ☐ Husband and wife will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner.
- ☐ Joint owners are other than husband and wife, desire right of survivorship, **and** have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.

BLOCK 6: Personal/Real Property Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type

- ☐ Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.
- ☐ Real Property – I (we) elect to treat this home as real property as (**one** box **must** be checked):
  - ☐ I (we) own the real property that the home is attached to. ☐ I (we) have a qualifying long-term lease for the land that the home is attached to.
  - ☐ The applicant or their authorized representative is the holder or servicer of the loan.

I (We) understand that the home will not be considered to be real property until a certified copy of the SOL has been filed in the real property records of the county in which the home is located AND a copy stamped "Filed" has been submitted to the Department.

Legal description for real property is attached (Example: Deed, title policy, or title commitment).

If a title company, list your file or GF #: _____

- ☐ **Inventory** – ***(FOR RETAILER USE ONLY)*** Retailer number must be provided in Block 4b if this election is checked.

BLOCK 7: To Designate a Home as Non-Residential (Business Use) or Salvage

Home WILL NOT be used for residential use. Home is designated as:

- ☐ *Business Use* (means use other than a residential dwelling, such as storage)
- ☐ *Salvage* (means scrapped, dismantled, or which the full insured value has been paid by an insurance company). A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).

BLOCK 8(a): Liens – Will there be any liens on the home (other than a tax lien)? ☐ **No** ☐ **Yes If yes, complete the below lien information.**

Block 8(b): Lien Information

Date of First Lien:		Date of Second Lien:	
Name of First Lienholder:	NONE	Name of Second Lienholder:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Daytime Phone:		Daytime Phone:	

BLOCK 9: Special Mailing Instructions

IF a copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here.	Name:	
	Company:	
	Street Address:	
	City, State, Zip:	
	Area Code/Phone	

BLOCK 10: Signatures Required (Notarization is Optional)

10(a) Signatures of each seller/transferor	10(b) Signatures of each purchaser/transferee or owner
X Marin R Morales *Signature of owner or authorized seller*	*Signature of purchaser/transferee or owner*
Sworn and subscribed before me this 15 *day of* DEC, 20 11	*Sworn and subscribed before me this* 15 *day of* DEC, 20 11
Judith E Lewandos *Signature of Notary* *SEAL*	Judith E Lewandos *Signature of Notary* *SEAL*
Judith E Lewandos Notary Public, State of Texas My Commission Expires: June 24, 2014 *Signature of owner or authorized seller*	Judith E Lewandos Notary Public, State of Texas My Commission Expires: June 24, 2014 *Signature of purchaser/transferee or owner*
Sworn and subscribed before me this ____ *day of* ____, 20__	*Sworn and subscribed before me this* ____ *day of* ____, 20__
Signature of Notary *SEAL*	*Signature of Notary* *SEAL*

10(c) For Lien Assignments Only

Signature of authorized representative for previous lienholder	*Signature of authorized representative for new lender*

TAX RECEIPT

RAMIRO R. CANALES, CTA
NUECES COUNTY TAX ASSESSOR - COLLECTOR
901 LEOPARD, SUITE 301
CORPUS CHRISTI, TEXAS 78401

Certified Owner:

MORALES MARIA R
4933 CALVIN DR
CORPUS CHRISTI , TX 78411-3903

Legal Description:

MANUFACTURED HOME LOC 6301 OLD BROWNSVILLE RD - SEASCAPE MH PK LOT E-42 LABEL #LOU0052614 SERIAL #8D531025J

Parcel Address: 6301 OLD BROWNSVILLE RD LOT-E-
Legal Acres: 0.0000

Remit Seq No: 19488999
Receipt Date: 12/28/2011
Deposit Date: 12/29/2011
Print Date: 12/28/2011

Deposit No: 11C29L4A
Validation No: 900000022950159
Account No: **M005-1891-0000**
Operator Code: LRODRIGUEZ

Year	Tax Unit Name	Tax Value	Tax Rate	Levy Paid	Discount	P&I	Coll Fee Paid	Total
2011	Nueces County	6,400	0.350999	22.46	0.00	0.00	0.00	22.46
2011	Farm To Market Road	6,400	0.004260	0.27	0.00	0.00	0.00	0.27
2011	Hospital District	6,400	0.162428	10.40	0.00	0.00	0.00	10.40
2011	City Of Corpus Christi	6,400	0.570557	36.52	0.00	0.00	0.00	36.52
2011	Del Mar College	6,400	0.258003	16.51	0.00	0.00	0.00	16.51
2011	West Oso Isd	6,400	1.420000	90.88	0.00	0.00	0.00	90.88
				$177.04	**$0.00**	**$0.00**	**$0.00**	**$177.04**

Check Number(s):
146

PAYMENT TYPE:
Checks: $177.04

Exemptions on this property:

Total Applied: $177.04

Change Paid: $0.00

ACCOUNT PAID IN FULL

PAYER:
WIEDERHOLD KEVIN A
1416 COLEMAN
CORPUS CHRISTI , TX 78401

(361) 888-0230, (361) 888-0307

21.1.153

Manufactured Housing Division - Tax Collector Lien System

[TUC00000695]: Search | Change Password | Logout

COUNTY TAX LIEN

Home Address

Home ID	Label Number	Serial Number	Owner Name	Owner Full Address	City	State	Zip
HM00683252	LOU0052614		MARIA R. MORALES	6301 OLD BROWNSVILLE RD., #E-42	CORPUS CHRISTI	TX	78417

Select all

TAX LIEN DETAILS

TAX Year	LIEN Date	Release Date	TAX ID	TAX LIEN Name	Account	Amount($)

No unpaid tax lien records were found

Select all

RELEASED TAX LIEN DETAILS

TAX Year	LIEN Date	Release Date	TAX ID	TAX LIEN Name	Account	Amount($)	
2006	06/27/2007	10/23/2007	178-000-00	NUECES COUNTY	C00084920000	0.00	
2006	06/27/2007	10/23/2007	178-105-03	CITY OF CORPUS CHRISTI	C00084920000	0.00	
2006	06/27/2007	10/23/2007	178-201-11	NUECES COUNTY HOSPITAL DISTRICT	C00084920000	0.00	
2006	06/27/2007	10/23/2007	178-201-15	DELMAR COLLEGE DISTRICT	C00084920000	0.00	
2006	06/27/2007	10/23/2007	178-915-02	WEST OSO INDEPENDENT SCHOOL DISTRICT	C00084920000	0.00	
2010	06/29/2011	12/28/2011	CTC-000-70	NUECES COUNTY TAX OFFICE	M00518910000	177.80	

Tax liens that have been issued a SOL (title) after release cannot be re-instated.

CREATE A TAX LIEN WITH A HOME RECORD | RELEASE/RE-INSTATE TAX LIEN(S)

Reinstatement of liens from prior tax years can only be made with in the same business day. *If this deadline has passed, please contact us at ctctaxdatabase@tdhca.state.tx.us and provide us with a complete detail of the circumstances surrounding the release error. Please note, taxes released in error during the current filing year may be reinstated prior to the filing deadline."*

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If you are experiencing problems with this system, please submit a Help Request or send an email to Technical Support.

STATEMENT OF 18 - MONTH TAX STATUS

RAMIRO R. CANALES, CTA
NUECES COUNTY TAX ASSESSOR - COLLECTOR
901 LEOPARD, SUITE 301
CORPUS CHRISTI, TEXAS 78401

Issued To:

WIEDERHOLD KEVIN A
6301 OLD BROWNSVILLE RD #E-42
CORPUS CHRISTI , TX 78417

Legal Description: v1.8

MANUFACTURED HOME LOC 6301 OLD BROWNSVILLE RD - SEASCAPE MH PK LOT E-42 LABEL #LOU0052614 SERIAL #8D531025J

Fiduciary Number: 21573327

Account Number: M005-1891-0000
Statement No: 185082962
Statement Fee: $10.00

5245 County 79 Bryants Landing Landing

W0009915000014298

Parcel Address: 6301 OLD BROWNSVILLE RD LOT-E-42
Print Date : 12/28/2011
Paid Date: 12/28/2011
Issue Date: 12/28/2011

In compliance with Texas Occupations Code, Section 1201.206(g), the tax office issues this statement of taxes due. This statement is limited to taxes levied on the manufactured home that are collected by the tax office at the date of this statement; it does not include taxes that may be collected by other taxing jurisdictions. The amount of taxes estimated for the current year is only an estimate. The actual tax levy may change once appraisals are certified and current year tax rates are adopted. The owner will be liable for any additional taxes due. The tax office will refund any overpayment of taxes to the remitter. Information provided in this statement is based on Parcel Address or Appraisal District Number provided by the payer.

Exemptions:

Certified Owner:

MORALES MARIA R
4933 CALVIN DR
CORPUS CHRISTI , TX 78411-3903

2011 Value:	$6,400.00
2011 Levy:	$177.04
Total Levy Due:	$0.00
P&I + Attorney Fee:	$0.00
Total Amount Due:	$0.00

Certified Tax Unit(s):

1 NUECES COUNTY
2 FARM TO MARKET ROAD
4 HOSPITAL DISTRICT
13 CITY OF CORPUS CHRISTI
25 DEL MAR COLLEGE
33 WEST OSO ISD

Reference (GF) No: LTR 12-28-2011

Issued By: MSEGOVIA Monica Segovia

Operator ID: MSEGOVIA

(361) 888-0230, (361) 888-0307

277170

03 ANL BR:0093

COASTAL COMMUNITY
TEACHERS CREDIT UNION

CHECK CONFIRMATION 277169

277170

SHWI Check Withdrawal Voucher 12/15/11 09:28AM 15273 1 803 ANL BR:0093

2061230-92 WIEDERHOLD/KEVIN ALAN EFF DT:12/15/11 277169
AMT: -2890.00 FROM BONUS CHECKING ACCT
MEMB FEES: .00 BAL: 9,962.59

Check out our newest product - Bonus Checking.

DETACH AND RETAIN THIS PORTION

COASTAL COMMUNITY
TEACHERS CREDIT UNION

6810 Saratoga Blvd.
Corpus Christi, Texas 78414-3908
(361) 985-6810

Southwest Corporate FCU
Farmers Branch, Texas 75234

88-9051
3119

277169

12/15/11

PAY TWO THOUSAND EIGHT HUNDRED NINETY AND 00/100 DOLLARS 2,890.00

TO THE ORDER OF
MARIA MORALES
RE: KEVIN WIEDERHOLD
FINAL PURCAHSE PAYMENT OF
1996 SKYLINE MOBILE HOME

VOID AFTER 60 DAYS

Gina K. Prince

AUTHORIZED SIGNATURE

⑈277169⑈ ⑆311990511⑆ 6746031190212 7⑈

Texas Department of Housing and Community Affairs, Manufactured Housing Division

STATEMENT OF OWNERSHIP AND LOCATION

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Certified Copy of Original Statement of Ownership and Location

Date Issued: 01/02/2008 **Certificate Number: MH00253006**

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Model	Date of Manufacture	Total Sq. Feet	Wind Zone	County Where Installed
WINNER	11/26/1996	1088	II	NUECES

The Owner(s) have elected to declare the manufactured home as:

PERSONAL PROPERTY

COPY

Owner of Record

MARIA R. MORALES
4933 CALVIN DR.
CORPUS CHRISTI, TX 78411

Seller

EDGAR E CAMACHO
MARTHA C CAMACHO
3309 DARLING ST.
PASADENA, TX 77503-1323

Physical Address

6301 OLD BROWNSVILLE RD.
#E-42
CORPUS CHRISTI, TX 78417

Right of Survivorship: No

Lien(s) *The following liens, charges, or other encumbrances are reflected as having been created affecting the manufactured home.*

NO LIEN **NO LIEN**

Joe A. Garcia, Interim Executive Director
or his duly authorized designee.

Owner Copy

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
MANUFACTURED HOUSING DIVISION
P. O. BOX 12489 Austin, Texas 78711-2489
(800) 500-7074, (512) 475-2200 FAX (512) 475-1109
Internet Address: www.tdhca.state.tx.us/mh/index.htm

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BLOCK 1: Transaction Identification

Type of Transaction		Regular or Priority Handling	(For Department Use Only) Coding:
Personal Property Transaction	**Real Property Transaction**	☐ **Regular Handling** Completed applications will be processed within 15 working days from date received.	Lien on file: Y / N
☐ New	☐ New		Lienholder Code
■ Used	☐ Used		County Code:
☐ Lien Assignment	☐ Update SOL	☐ **Priority Handling Requested** An additional $55 fee is included with payment to review application within 5 working days from date received.	Right of Surv.: Y / N
☐ Other:_____	☐ Other_____		GF#:

BLOCK 2(a): Home Information (required)

Manufacturer Name:	DBA SKYLINE HOMES	Model:	WINNER
Address:	1650 SWAN LAKE ROAD	Date of Manufacture:	1996
City, State, Zip:	BOSSIER CITY, LA 71111	Total Square Feet:	1088
License Number:		Wind Zone:	2

	Label/Seal Number	*Complete Serial Number*	*Weight*	*Size**
Section 1:	LOU 0052614	8D5310225J	18000	16 x 68
Section 2:				x
Section 3:				x
Section 4:				x

** NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest ½ foot at the base of the home, exclusive of the tongue or other towing device.*

2(b) Is home being sold? ☐ No ☒ Yes
If yes, and **if there is/are no HUD Label(s) or Texas Seal(s)** on your home, a Texas Seal will need to be purchased and will be issued to each section of your home at an **additional cost** of $35.00 per section.
Indicate which section(s) needs a Texas Seal(s): _____ *(Single - $35 Double - $70 Triple - $105)*

BLOCK 3: Home Location (required)

Physical Location of Home (or 911 address)	6301 OLD BROWNSVILLE RD. E-42	CORPUS CHRISTI	TX	78417	NUECES
	Physical Address (cannot be a Rt. or P. O. Box)	*City*	*State*	*ZIP*	*County*

Was home moved for this sale? ■ No ☐ Yes If yes, include a copy of moving permit.
Was Home Installed for this sale? ■ No ☐ Yes If yes, provide installer information below, if known

Installer Name, address and phone:

BLOCK 4: Ownership Information (required)

4(a) Seller(s) or Transferor(s)		4(b) Purchaser(s), Transferee(s), or Owner(s)	
Name	License # if Retailer:	Name	License # if Retailer:
Name MARIA R. MORALES		Name KEVIN A. WIDERHOLD	
Mailing Address 4933 CALVIN DR.		Mailing Address 6301 OLD BROWNSVILLE RD. E-42	
City/State/Zip CORPUS CHRISTI, TX. 78411		City/State/Zip CORPUS CHRISTI, TX. 78417	
Daytime Phone Number (361) 728 - 4140		Daytime Phone Number (361) 737 - 4833	

4(c) Date of sale, transfer or ownership change: 12/15/2011

Label #: LOU 0052614	Serial #: 8D5310225J	GF# (for title co.):

BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)

If joint owners desire right of survivorship, check the applicable box below:

☐ Husband and wife will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner.

☐ Joint owners are other than husband and wife, desire right of survivorship, **and** have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.

BLOCK 6: Personal/Real Property Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type

☐ Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.

☐ Real Property – I (we) elect to treat this home as real property as (**one** box **must** be checked):

☐ I (we) own the real property that the home is attached to. ☐ I (we) have a qualifying long-term lease for the land that the home is attached to.

☐ The applicant or their authorized representative is the holder or servicer of the loan.

I (We) understand that the home will not be considered to be real property until a certified copy of the SOL has been filed in the real property records of the county in which the home is located AND a copy stamped "Filed" has been submitted to the Department.

Legal description for real property is attached (Example: Deed, title policy, or title commitment).

If a title company, list your file or GF #: _____

☐ **Inventory** – ***(FOR RETAILER USE ONLY)*** Retailer number must be provided in Block 4b if this election is checked.

BLOCK 7: To Designate a Home as Non-Residential (Business Use) or Salvage

Home WILL NOT be used for residential use. Home is designated as:

☐ *Business Use* (means use other than a residential dwelling, such as storage)

☐ *Salvage* (means scrapped, dismantled, or which the full insured value has been paid by an insurance company). A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).

BLOCK 8(a): Liens – Will there be any liens on the home (other than a tax lien)? ☐ **No** ☐ **Yes If yes, complete the below lien information.**

Block 8(b): Lien Information

Date of First Lien:		Date of Second Lien:	
Name of First Lienholder:	NONE	Name of Second Lienholder:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Daytime Phone:		Daytime Phone:	

BLOCK 9: Special Mailing Instructions

IF a copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here.	Name:	
	Company:	
	Street Address:	
	City, State, Zip:	
	Area Code/Phone	

BLOCK 10: Signatures Required (Notarization is Optional)

10(a) Signatures of each seller/transferor

X Marin R Morales

Signature of owner or authorized seller

Sworn and subscribed before me this 15 *day of* DEC, *20* 11

Judith E Lewandos

Signature of Notary

SEAL

Judith E Lewandos
Notary Public, State of Texas
My Commission Expires:
June 24, 2014

_____

Signature of owner or authorized seller

Sworn and subscribed before me this ____ *day of* ____, *20* ____

_____

Signature of Notary

SEAL

10(b) Signatures of each purchaser/transferee or owner

_____

Signature of purchaser/transferee or owner

Sworn and subscribed before me this 15 *day of* DEC, *20* 11

Judith E Lewandos

Signature of Notary

SEAL

Judith E Lewandos
Notary Public, State of Texas
My Commission Expires:
June 24, 2014

_____

Signature of purchaser/transferee or owner

Sworn and subscribed before me this ____ *day of* ____, *20* ____

_____

Signature of Notary

SEAL

10(c) For Lien Assignments Only

_____

Signature of authorized representative for previous lienholder

_____

Signature of authorized representative for new lender

Label #: LOU 0052614	Serial #: 8D5310225J	GF# (for title co.):

BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)

If joint owners desire right of survivorship, check the applicable box below:

☐ Husband and wife will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner.

☐ Joint owners are other than husband and wife, desire right of survivorship, **and** have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.

BLOCK 6: Personal/Real Property Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type

☒ Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.

☐ Real Property – I (we) elect to treat this home as real property as (**one** box **must** be checked):

☐ I (we) own the real property that the home is attached to. ☐ I (we) have a qualifying long-term lease for the land that the home is attached to.

☐ The applicant or their authorized representative is the holder or servicer of the loan.

I (We) understand that the home will not be considered to be real property until a certified copy of the SOL has been filed in the real property records of the county in which the home is located AND a copy stamped "Filed" has been submitted to the Department.

Legal description for real property is attached (Example: Deed, title policy, or title commitment).

If a title company, list your file or GF #: _____

☐ **Inventory** – ***(FOR RETAILER USE ONLY)*** Retailer number must be provided in Block 4b if this election is checked.

BLOCK 7: To Designate a Home as Non-Residential (Business Use) or Salvage

Home WILL NOT be used for residential use. Home is designated as:

☐ *Business Use* (means use other than a residential dwelling, such as storage)

☐ *Salvage* (means scrapped, dismantled, or which the full insured value has been paid by an insurance company). A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).

BLOCK 8(a): Liens – Will there be any liens on the home (other than a tax lien)? ☐ **No** ☐ **Yes If yes, complete the below lien information.**

Block 8(b): Lien Information

Date of First Lien:		Date of Second Lien:	
Name of First Lienholder:	NONE	Name of Second Lienholder:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Daytime Phone:		Daytime Phone:	

BLOCK 9: Special Mailing Instructions

IF a copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here.	Name:	
	Company:	
	Street Address:	
	City, State, Zip:	
	Area Code/Phone	

BLOCK 10: Signatures Required (Notarization is Optional)

10(a) Signatures of each seller/transferor	10(b) Signatures of each purchaser/transferee or owner
X Marin R Morales *Signature of owner or authorized seller*	*Signature of purchaser/transferee or owner*
Sworn and subscribed before me this 15 *day of* DEC, 20 11	*Sworn and subscribed before me this* 15 *day of* DEC, 20 11
Julia E Lewandos *Signature of Notary* *SEAL*	Julia E Lewandos *Signature of Notary* *SEAL*
Judith E Lewandos Notary Public, State of Texas My Commission Expires: June 24, 2014	Judith E Lewandos Notary Public, State of Texas My Commission Expires: June 24, 2014
Signature of owner or authorized seller *Sworn and subscribed before me this* ____ *day of* ____, 20__ *Signature of Notary* *SEAL*	*Signature of purchaser/transferee or owner* *Sworn and subscribed before me this* ____ *day of* ____, 20__ *Signature of Notary* *SEAL*

10(c) For Lien Assignments Only

Signature of authorized representative for previous lienholder	*Signature of authorized representative for new lender*

COASTAL COMMUNITY TEACHERS CREDIT UNION

CHECK CONFIRMATION

277170

X

SHWI Check Withdrawal Voucher 12/15/11 09:29AM 15290 1 803 ANL BR:0093

2061230-92 WIEDERHOLD/KEVIN ALAN EFF DT:12/15/11 277170
AMT: -2110.00 FROM BONUS CHECKING ACCT
MEMB FEES: .00 BAL: 7,852.59

Check out our newest product - Bonus Checking.

DETACH AND RETAIN THIS PORTION

COASTAL COMMUNITY TEACHERS CREDIT UNION
6810 Saratoga Blvd.
Corpus Christi, Texas 78414-3908
(361) 985-6810

Southwest Corporate FCU
Farmers Branch, Texas 75234

88-9051
3119

277170

12/15/11

PAY TWO THOUSAND ONE HUNDRED TEN AND 00/100 DOLLARS 2110000CS, 110.00

TO THE ORDER OF
CHRIS GAINES
RE: KEVIN WIEDERHOLD
FINAL PURCHASE PAYMENT OF
1996 SKYLINE MOBILE HOME

VOID AFTER 60 DAYS

Gina K. Prince

AUTHORIZED SIGNATURE

⑈277170⑈ ⑆311990511⑆ 6746031190212 7⑈