## 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: <u>www.tdhca.texas.gov/mh</u>

| STATEMENT OF INHERITANCE<br>(Please type or print clearly.)  |                  |                 |           |              |         |
|--|------------------|-----------------|-----------|--------------|---------|
| FORM C   |                  |                 |           |              |         |
| BLOCK 1: Home Information (Must be completed.)   |                  |                 |           |              |         |
| Manufacturer Name and Address:   |                  |                 |           |              |         |
| Model:   | Total Sq. Ft.:   |                 | Date of M | lanufacture: |         |
| Label/Seal Number  | Comple           | ete Serial Numb | ber       | Weight       | Size    |
| Section One:   |                  |                 |           |              |         |
| Section Two:   |                  |                 |           |              |         |
| Section Three:   |                  |                 |           |              |         |
| BLOCK 2: Affidavit of Heirship   |                  |                 |           |              |         |
| BEFORE ME, the undersigned authority, on this day personally appeared all the undersigned heirs, who having been by                          |                  |                 |           |              |         |
| me duly sworn, on oath, each for himself and herself, deposes and say that, the registered   |                  |                 |           |              |         |
| owner of the above described manufactured hom  | e died on        | day of          |           | , A.D        | , at    |
|  | _, in the County | of              |           | , and State  | of; the |
| Address City deceased left no will or a will was left but no application for administration or probate has been filed with the courts; there |                  |                 |           |              |         |
| is no necessity for an administration upon the estate; that heirs herein are the sole and only heirs at law of the deceased and              |                  |                 |           |              |         |
| are, therefore, authorized under the law to sell, transfer and assign the title to said manufactured home as described above;                |                  |                 |           |              |         |
| that there are no other heirs who have prior right to the estate of the deceased, <u>and it is the desire of all undersigned that</u>        |                  |                 |           |              |         |
|  |                  |                 |           |              |         |
| title to the above described manufactured home be issued to:   |                  |                 |           |              |         |
|  |                  |                 |           |              |         |
| First Name Last Name   |                  |                 | Name      | Last Nai     | ne      |
| BLOCK 3: Signatures (Notarization is REQUIRED)   |                  |                 |           |              |         |
| I (We) certify that the statements set forth herein above and the information attached hereto are true and correct.                          |                  |                 |           |              |         |
| (Signature of Heir)  |                  |                 | (Signati  | ure of Heir) |         |
| Sworn and subscribed before me this day o  | f                |                 |           |              |         |
|  | (month)          | (year)          |           |              |         |
| (Change of Materia)  |                  |                 | c         |              |         |
| (Signature of Notary)  |                  |                 | د         | EAL          |         |
| (Signature of Heir)  |                  |                 | (Signati  | ure of Heir) |         |
| Sworn and subscribed before me this day o  |                  |                 | _         |              |         |
|  | (month)          | (year)          |           |              |         |
| (Signature of Notary)  |                  |                 | S         | EAL          |         |
|  |                  |                 |           |              |         |
| (Signature of Heir)  |                  |                 | (Signat   | ure of Heir) |         |
| Sworn and subscribed before me this day o  | f                |                 |           |              |         |
|  | (month)          | (year)          |           |              |         |
| (Signature of Notary)  |                  |                 | S         | EAL          |         |
| If there are additional heirs, please attach an additional Form C with notarized signature(s).   |                  |                 |           |              |         |