SECTION I. DESCRIPTION OF UNIT

This unit is a (check one):
☐ Manufactured Home, Mobilehome, Multifamily Manufactured Home ☐ Commercial Modular ☐ Truck Camper ☐ Floating Home

The Decal (License) Number(s) is: __________________________________________

The Trade Name is: _______________________________________________________

The Serial Number(s) is: __________________________________________________

SECTION II. ADDITION OF BENEFICIARY

Complete the following statement if no beneficiary is recorded on the ownership registration and title and you wish to add a beneficiary name.

I request the following named party be added to the ownership registration and title of the above described unit as the TRANSFER ON DEATH BENEFICIARY:

(Please Print) ________________________________________________ Last Name

_________________________________________ First Name

_________________________________________ Middle Initial

SECTION III. DELETION OF BENEFICIARY

Complete the following statement if a beneficiary is recorded on the ownership registration and title and you wish to remove the beneficiary’s name and do not wish to add a new beneficiary.

I request the following named TRANSFER ON DEATH BENEFICIARY be deleted from the ownership registration and title of the above described unit:

(Please Print) ________________________________________________ Last Name

_________________________________________ First Name

_________________________________________ Middle Initial

SECTION IV. CHANGE OF BENEFICIARY

Complete the following statement if you wish to delete the existing beneficiary that is recorded on the ownership registration and title and add a new beneficiary.

I request the name of the beneficiary recorded on the ownership registration and title of the above described unit be changed to:

(Please Print) ________________________________________________ Last Name

_________________________________________ First Name

_________________________________________ Middle Initial

SECTION V. CERTIFICATION

Complete this section if Sections 2, 3 or 4 are completed

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ___________________________ at ___________________________

Date City State

Signature of Registered Owner ___________________________

SECTION VI. REQUEST TO TRANSFER ON DEATH OF REGISTERED OWNER

Complete the following statements if the registered owner listed on the ownership registration and title is deceased and the TRANSFER ON DEATH BENEFICIARY wishes to transfer ownership.

A. As the Transfer on Death Beneficiary recorded on the ownership registration and title, I request to register the above described unit in the following name(s):

B. As the Transfer on Death Beneficiary, I certify under penalty of perjury under the laws of the State of California, that

_________________________________________, the registered owner of the above described unit died on

______________________________, at ___________________________

Date of Death Place of death, city and state or province or county, etc.

Executed on ___________________________ at ___________________________

Date City State

Signature of Beneficiary ___________________________

HCD 488.4 (Rev. 12/14)