

# Affidavit in Support of Change to a Manufactured Home

Department of Consumer and Business Services • Building Codes Division  
Web: mhods.oregon.gov

# Form 5221

## INSTRUCTIONS

This affidavit can be used to support ownership changes and must be submitted along with a Manufactured Home Ownership Document Application for New and Used Homes (Form 2952) and a valid county tax certification, signed by the county in which the home is located (i.e., placed or sited).

This form is designed for a single use, for each person or security interest holder. A separate form must be submitted for every person represented by a power of attorney and each co-owner.

Current address refers to the location of an existing home. For a new home purchase from a dealer lot, record the address where the home will be located.

## SECTION 1

## NATURE OF FILING

- ☐ I am a co-owner of the manufactured home identified above and am listed with a right of survivorship with (list all owners) \_\_\_\_\_.

I affirm that \_\_\_\_\_ is deceased and that I possess a copy of the death certificate.

- ☐ I affirm that if the buyer, new owner, seller, or **security interest holder** is a trust or conservatorship, that I am an authorized representative of the trust or conservatorship and that I have the legal standing to sign for the trust or conservatorship.

- ☐ I affirm that, if ownership is transferring because of a divorce, I have been awarded sole ownership of this manufactured home and possess a copy of the court order signed by a judge with case number \_\_\_\_\_.

- ☐ I affirm that I possess a copy of the court order signed by a judge with case number \_\_\_\_\_ stating that the name \_\_\_\_\_ should be removed as an owner or that the sole owner is now \_\_\_\_\_ due to \_\_\_\_\_.

- ☐ I affirm that I have power of attorney for: \_\_\_\_\_.

- ☐ I affirm that I am the parent or legal guardian (a minor or incapacitated person-ORS446.616(2)(b)) for: \_\_\_\_\_.

## SECTION 2

## APPLICANT INFORMATION

Name:  
(first, middle, last)

Phone:

Email:

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| SECTION 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                     |  |  |  |                                           |  | HOME INFORMATION |  |      |  |                                                                   |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------|--|------------------|--|------|--|-------------------------------------------------------------------|--|--|--|--|--|
| Home ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | OR if no Home ID: <input type="checkbox"/> New home <input type="checkbox"/> Out-of-state home <input type="checkbox"/> Leaving county deed records |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |
| Manufacturer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  | Year:                                                             |  |  |  |  |  |
| Current address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | County:                                                                                                                                             |  |  |  | State:                                    |  |                  |  | ZIP: |  |                                                                   |  |  |  |  |  |
| Park Name: (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  | <input type="checkbox"/> This is a dealer lot or storage facility |  |  |  |  |  |
| Serial number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                     |  |  |  | HUD label number(s) *Required if new home |  |                  |  |      |  |                                                                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |
| NOTARY SECTION (For notary use only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |
| <p><b>■ This section must be completed in the presence of a notary public</b></p> <p><i>I hereby attest that, to the best of my knowledge, this structure is free from all liens and claims of ownership, except as show in the attached ownership document application. I further attest that the information on this affidavit is true and correct.</i></p> <p>Print name: _____ Signature: _____</p> <p>State of _____</p> <p>County of _____</p> <p>Signed and sworn to (or affirmed) before me on _____ (date)</p> <p>by _____</p> <p style="text-align: center;">Notary</p> <p>_____</p> <p style="text-align: center;">Notary print name</p> <p style="text-align: right;">(Notary seal)</p> |  |  |  |                                                                                                                                                     |  |  |  |                                           |  |                  |  |      |  |                                                                   |  |  |  |  |  |