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
Pursuant to the Texas Manufactured Houting Standards Act, Tex. Rev. Civ. Stat. Ann. Article 5221f
Internet Address: www.tibcs.state.tx.us

APPLICATION FOR A MANUFACTURED HOME TITLE FORM A Please type or print clearly. Please fill out both sides of the form completely. ☐ Application for a New Home Title ☐ Issue a New Document of Title to a Surviving Spouse ☐ Application for a Used Home Title (A copy of the death certificate of the deceased spouse is attached) □ Record a Lien Only ☐ Lien Assignment ☐ Reinstate Title from __Real Estate __Business Use __Salvage ☐ Application for a Duplicate (Lost) Title □ Correction (Please complete BLOCK # 4 on the back) Cancel Title to Real Estate Business Use Salvage ☐ Issue a Title as a Result of a Divorce or Heirship Settlement ☐ Other (for use if the boxes above DO NOT apply, please explain) □ Quick Title (Must have Quick Title coversheet on application and enclose additional \$35.00 fee) BLOCK 1: Home Information (Must be completed.) Manufacturer Name: Palm Harbor Home dba Masterpiece License #: Manufacturer Address: City/State/Zip: Fort Worth, TX 76179 Model: Windsor Total Sq. Ft.: Date of Manufacture: Label/Seal Number, Complete Serial Number Weight Size Section One: TEX0498095 MP151714A 30450 14x76 Section Two: TEX0498096 MP151714B 32250 14×76 Section Three: Is this home New () or Used (x)? County where home WAS located: Date of Sale or Transfer: County where home IS located: Tom Green WAS HOME MOVED? I Yes I No If yes, fill out forms E and Notice of Installation Affidavit. BLOCK 2A: Seller (s) or Transferor(s) BLOCK 2B: Buyer (s) or Transferee(s) Name If you are a dealer, Name Buddy W. Bales If you are a dealer, list LICENSE #: Anna Vorkavich list LICENSE #: Name Name Yvonne M. Bales Physical Location of Home Physical Location of Home 9414 W. Bryant Lane, San Angelo, 9414 W. Bryant Lane, San Angelo, TX Mailing Address Mailing Address 2065 Twp Rd. 76 St Dujax City/State/Zip City/State/Sip Mt. Gilead, OH 43338 Daytime Phone Number (614) 3(19-3929 Daytime Phone Number (9K) 835 8355 BLOCK 3: Mortgage Liens (Please check one.) Will there be a mortgage lien placed on the new title? ☐ Yes (Complete Block 3) ※ No (There is not a mortgage lien on this home) Date of Primary Lien Date of Secondary Lien Name of Primary Lienholder Name of Secondary Lienholder Mailing Address Mailing Address City/State/Zip City/State/Zip

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