DEPARTMENT OF BUSINESS & INDUSTRY NEVADA HOUSING DIVISION

MANUFACTURED HOUSING

1830 E College Parkway, Suite 200 Carson City, Nevada 89706 Phone: (775) 684-2945 Fax: (775) 684-2949

Bill of Sale TL-112

For convenience only. A Sale/Transfer requires submittal of a completed TL-100 form.

New Owner Email A	Address (required):			
New Owner Phone	Number (required):			
Section 1. Descrip	tion of the Structure			
Year:	Make:		Model:	
Serial Number:				
Physical Location:				
Street:		City:	State:	Zip:
Section 2. Seller a	nd Lienholder Informat	tion		
Name of Seller(s): _				
Mailing Address of	Seller(s):			
Street:		City:	State:	Zip:
Current Lienholder	(if any):			
Mailing Address of I	_ienholder:			
Street:		City:	State:	Zip:
Section 3. Stateme	ent of Facts			
encumbrances, law any existing or penc receipt whereof is h	ful claims and demands ding litigation. That in col ereby acknowledged, th , 20 his/her righ	of any person what nsideration of \$ e undersigned (Sell	icture is free and clear of soever, and that they struence and other valuaber) does hereby sell, tranin the above described st	ucture is not involved in le consideration, the sfer and deliver on the

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Section 4. Purchaser(s)

Please type or print clearly and legibly all names to be shown on the title

Purchaser(s)/New Owner(s):			
Purchaser(s)/New Owner(s) Mailing Address:			
Street: City: _	State: Zip:		
Section 5. Signatures and Notarization (Do not sign	n until in front of a Notary)		
Signature of Owner/Seller(s)	Signature of Purchaser(s)		
Signature of Owner/Seller(s)	Signature of Purchaser(s)		
Signature of Lienholder(s)	Signature of Purchaser(s)		
(For Nota	ry use only)		
State of County subscribed and sworn to before me,	State of County subscribed and sworn to before me,		
(Name of Notary Public)	(Name of Notary Public)		
on this, 20	on this day of, 20		
by	by		
(Printed name of party appearing before Notary)	(Printed name of party appearing before Notary)		
Notary Public Signature Notary Stamp or Seal	Notary Public Signature Notary Stamp or Seal		