

APN# 001-230-06
(Must match APN# on document to be Recorded)

Department of Business and Industry
Nevada Housing Division
Manufactured Housing

Affidavit of Conversion
to Real Property (TL-110)

County of Eureka

RECORDING COVER PAGE
(Must be Typed or Printed legibly in black
ink only. Do Not Print in 1" margins of
this document)

EUREKA COUNTY, NV
LAND-CMH
Rec:\$37.00
Total:\$37.00
BRANDI ANDERSON

2022-248579
07/29/2022 02:36 PM
Pgs=6




00016313202202485790060061
KATHERINE J. BOWLING, CLERK RECORDER

Above Space for Recorder's Use ONLY

TITLE OF DOCUMENT:
AFFIDAVIT OF CONVERSION TO REAL PROPERTY TL-110
(Must match Title on document to be Recorded)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document submitted for recording does not contain any
personal information and/or social security number of any person or persons (Per NRS 239B.030)


SIGNATURE
Kyle Anderson
PRINT NAME

owner
TITLE

RECORDING REQUESTED BY:

Kyle Anderson
Name

RETURN TO: Name: Kyle Anderson

Address: 1388 Park meadows DR Twin Falls ID 83301
Street City State Zip Code

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name: Kyle Anderson

Address: 1388 Park meadows DR Twin Falls ID 83301
Street City State Zip Code

DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA HOUSING DIVISION – MANUFACTURED HOUSING
1830 E. College Pkwy, #120, Carson City, Nevada 89706; Phone: 775-684-2940
3300 W. Sahara Ave. #320, Las Vegas, Nevada 89102; Phone: 702-486-4135
Website: housing.nv.gov / Email: titles@housing.nv.gov

AFFIDAVIT OF CONVERSION TO REAL PROPERTY (TL-110)

Applicant Email Address (required): ropin4fun2@yahoo.com

Applicant Phone Number (required): 775-385-6184

SECTION 1. DESCRIPTION OF THE STRUCTURE (Personal Property)

Year: 2015 Manufacturer: Fleetwood Homes Inc Model: Weston Super Value

Serial # FLE2100R1516689AB Size: 24x56

Manufacturer's Certificate of Origin #: _____ (If available) Insignia No.: _____ (If available)

Physical Location: 150 Mt. Hope St. Eureka, NV. 89316
Street City State Zip Code

SECTION 2. DESCRIPTION OF REAL PROPERTY (Land)

Assessor Parcel Number (APN): 001-230-06

Legal Description: Lot 6 of Map File 0220732
Eureka Canyon Subdivision

SECTION 3. PERSONAL PROPERTY (Manufactured Home)

Owner/Buyer(s): Kyle Anderson E-Mail Address: ropin4fun2@yahoo.com
[Land Must be owned by Owner of the Manufactured Home unless land is leased per NRS 361.244.1.B]

Mailing Address: 1388 Park Meadows City Twin Falls State ID Zip 83301

Current Lienholder (If Any): N/A

Mailing Address: _____ City _____ State _____ Zip _____

Assessor's Office Manufactured Home Account# _____ (Assessor's Office)

SECTION 4. LEASED REAL PROPERTY (LAND) (If Real Property Land is Leased in accordance with NRS 361.244.1.B)

Land Owner(s): N/A E-Mail Address: _____

Mailing Address: N/A City _____ State _____ Zip _____

Current Lienholder (If Any): N/A

Mailing Address: N/A City _____ State _____ Zip _____

SECTION 5. ENFORCEMENT AGENCY ISSUING PERMIT & CERTIFICATE OF OCCUPANCY (If Applicable)

Enforcement Agency: Eu. Co. Public Works Agency Official Name: Jeb Rowley

Agency Official's Email: jrowley@eurekacountynv.gov Phone Number: 775-237-5372

Building Permit No.: N/A (If Applicable) Permanent Foundation System Installation

Installation Seal No.: N/A Agency Official Signature: [Signature]

[This document is evidence that the indicated Enforcement Agency has issued a Certificate of Occupancy for installation of the Permanent Foundation System for the unit upon the real property, both as described herein, as of the date of recording by the County Recorder. When recorded, this document (**Form TL-110**) shall be submitted to the Nevada Housing Division].

SECTION 6. DEALER INFORMATION (If a Dealer was involved in the sale of the manufactured home)

Dealer Name: _____ Dealer License No.: _____ E-Mail: _____

Mailing Address: _____ City _____ State _____ Zip _____

Note: A Copy of the Dealer Report of Sale (DRS) may be attached to this TL-110 Form

SECTION 7. SIGNATURES AND NOTARIZATION (Do not sign until in front of a Notary)

The undersigned, as owner(s)/buyer(s) of the above described manufactured/mobile home and real property (unless leased as indicated in **Section 4.** and financed in accordance with NRS 361.244.1.B), affirm that the running gear has been removed per NRS 361.244, the home has been installed in accordance with all state and local building codes and agree(s) to the conversion of the above described home to real property, understanding that any liens or encumbrances on the unit may become a lien on the land.

I, the undersigned, hereby affirm that this document submitted for recording does not contain any personal information

Belva Jo Anderson
Signature of Manufactured Homeowner/Buyer (s)

[Signature]
Signature of Manufactured Homeowner/Buyer (s)

Print Name _____

Print Name _____

[Signature]
Signature of Landowner (s) (If Leased)

[Signature]
Signature of Landowner (s) (If Leased)

Print Name _____

Print Name _____

Signature of Lienholder (s) (If Any) _____

Signature of Lienholder (s) (If Any) _____

Print Name _____

Print Name _____

(FOR NOTARY USE ONLY)

State of Idaho County Lincoln
Subscribed and sworn to before me,

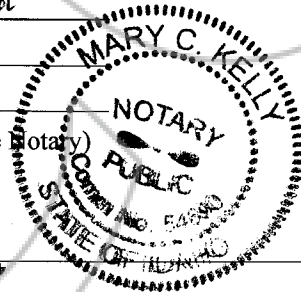
Mary C. Kelly
(Name of Notary Public)

on this 12th day of Nov., 2021

by Belva Jo. Anderson
Kyle Anderson

(Printed name of party appearing before Notary)

Mary C. Kelly
Notary Public Signature



State of Idaho County Lincoln
Subscribed and sworn to before me,

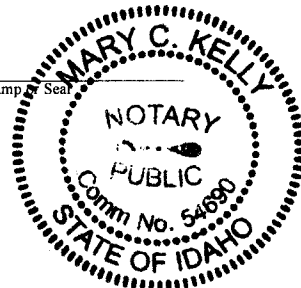
Mary C. Kelly
(Name of Notary Public)

on this 11th day of July, 2022

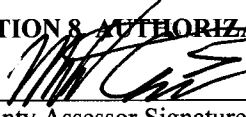
by Kyle Anderson
Brandi Anderson

(Printed name of party appearing before Notary)

Mary C. Kelly
Notary Public Signature



SECTION 8 AUTHORIZATION BY COUNTY ASSESSOR [NRS 361.244]

 Deputy Assessor
County Assessor Signature

7/27/2022
Date

Matthew Crimm
Print Name

Personal property taxes must be paid in full for the current year. All documents relating to the manufactured home must be surrendered to the Nevada Housing Division. This conversion is not valid until issuance of a "Real Property Notice" to the assessor's office. The manufactured house will then be placed on the next succeeding tax roll as real property.

When Recorded Mail To: _____
Street City State Zip

Distribution: ORIGINAL to Nevada Housing Division
COPY to Lien holder or Owner/Buyer
E-MAIL to Lien holder, Owner/Buyer and Landowner

REQUEST FOR INSPECTION TO CONVERT MOBILE/MANUFACTURED HOME TO REAL PROPERTY

Name Bella Jo Anderson/Kyle Anderson Phone 775-385-6184
Mobile Home
Address 156 Mt Hope Street, Eureka, NV 89316
Mailing
Address 1338 Park Meadows, Twin Falls, ID 83301

\$100.00 INSPECTION FEE

ALL INSPECTIONS OF MOBILE HOME CONVERSION WILL BE MADE BY THE EUREKA COUNTY PUBLIC WORKS DEPARTMENT, AND THE FOLLOWING MUST BE PRESENT:

1. The mobile home shall be set up as required by N.R.S. 489 and shall have a current State of Nevada inspection certificate for that location.
2. All installations to be converted to real property shall have continuous poured-in-place footings under each support frame. Footings shall be a minimum sixteen inches (16") x six inches (6") with two (2) #4 rebar in each footing, running continuous.
3. Tie-downs shall be placed in the outside footings ten feet (10') on center maximum, and twenty-four inches (24") from the ends of all footings.
4. On existing mobile homes where poured-in-place runners exist, approved drive-in anchors may be allowed. The maximum distance between drive-in anchors shall be six feet (6') on center.
5. Perimeter enclosure must be constructed of concrete or concrete block, with a minimum width of four inches (4").
6. All perimeter concrete placed shall extend a minimum of thirty-six inches (36") below grade where subject to freezing and thawing conditions.
7. Two access holes must be provided, minimum eighteen inches (18") x twenty-four inches (24") or larger.
8. Crawl space must be provided with adequate ventilation.
9. All wheels, axles, and tongues must be removed.
10. Minimum standards as set forth above must be met. Engineering and/or other supporting facts shall be supplied to the Public Works Department.

All design and construction must incorporate good engineering standards and construction practices and shall not void the mobile home manufacturer's requirements.

When all the above requirements have been met, contact the Eureka County Assessor's Office, 20 South Main St., P.O. Box 88, Eureka, Nevada, 89316 or call (775) 237-5270, to complete conversion requirements.

Public Works Inspector
Signature

Lester Porter

Date 7-27-22

Chapter 15.08.140 05/06/99

eucomh/rp

MANUFACTURER'S STATEMENT OR CERTIFICATE OF ORIGIN TO A MANUFACTURED HOME

MANUFACTURER: Fleetwood Homes, Inc.

ADDRESS: 2655 Progress Way, Woodburn, OR 97071

Street, City, State, and Zip

The undersigned MANUFACTURER hereby certifies that the new manufactured home described below, the property of said MANUFACTURER, has been transferred

this 27th day of March, 2015 on Invoice No 20159699800

To: ALTA CIMA CORPORATION dba: FACTORY EXPO HOME CENTER

Distributor, Dealer, Etc.



MY COMMISSION EXPIRES SEPTEMBER 01, 2015

Whose Address is: P.O. BOX 13708

Street

CHANDLER, AZ 85248

City, State, and Zip

Trade Name: 210WV-Weston Super Value-24523X Model Year: 2015

Model No: 210WV24523X Body Width Ft: 24

Body Length Ft: 56 /Ft: 52

Including Hitch

Excluding Hitch

Square Feet: 1213 Date of Manufacture: 03/23/2015

Manufacturer's ID No: FLE2100R15-16689A Weight: 17,300

Manufacturer's ID No: FLE2100R15-16689B Weight: 16,380

Manufacturer's ID No: _____ Weight: _____

Manufacturer's ID No: _____ Weight: _____

Manufacturer's ID No: _____ Weight: _____

Manufacturer's ID No: _____ Weight: _____

The CORPORATION further Certifies that this was the first transfer of such new manufactured home in ordinary trade and commerce.

Fleetwood Homes, Inc.

Corporation

By: _____

Sign Name

Accounting Staff

Title or Position

2655 Progress Way, Woodburn, OR 97071

Office Address of Signatory (City & State)

FIRST ASSIGNMENT

For Value Received, the undersigned hereby transfers this Statement of Origin and the manufactured home described therein to: Belva and Kyle Anderson

Address: 602 N. Parkview Coffeyville KS 67337

and certifies that the home is new and has not been registered in this or any other state; he also warrants the title of said home at time of delivery, subject to the liens and encumbrances, if any, as set out below

Amt. Of Lien	Date	To Whom Due	Address
--------------	------	-------------	---------

Dated April 23, 2015 at Woodburn
By: TERESA CRANFORD Sign Here Position Project Sup.

Transferor (Firm Name) _____
Dealer License (Permit) No. MSD 448

Before me personally appeared TERESA CRANFORD who by me being

duly sworn upon oath says that the statements set forth above are true and correct.

Subscribed and sworn to before me this 23rd day of April, 2015

NOTARY PUBLIC - OREGON Notary Public for Marion County, State of Oregon

COMMISSION NO. 461504

SECOND ASSIGNMENT

For Value Received, the undersigned hereby transfers this Statement of Origin and the manufactured home described therein to:

Address: _____

and certifies that the home is new and has not been registered in this or any other state; he also warrants the title of said home at time of delivery, subject to the liens and encumbrances, if any, as set out below

Amt. Of Lien	Date	To Whom Due	Address
--------------	------	-------------	---------

Dated _____ at _____

By: _____ Sign Here Position _____

Transferor (Firm Name) _____
Dealer License (Permit) No. _____

Before me personally appeared _____ who by me being

duly sworn upon oath says that the statements set forth above are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public for _____ County, State of _____

Notary Seal

THIRD ASSIGNMENT

For Value Received, the undersigned hereby transfers this Statement of Origin and the manufactured home described therein to:

Address: _____

and certifies that the home is new and has not been registered in this or any other state; he also warrants the title of said home at time of delivery, subject to the liens and encumbrances, if any, as set out below

Amt. Of Lien	Date	To Whom Due	Address
--------------	------	-------------	---------

Dated _____ at _____

By: _____ Sign Here Position _____

Transferor (Firm Name) _____
Dealer License (Permit) No. _____

Before me personally appeared _____ who by me being

duly sworn upon oath says that the statements set forth above are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public for _____ County, State of _____

Notary Seal