STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM

# TRANSFER ON DEATH BENEFICIARY

## SECTION I. DESCRIPTION OF UNIT

This unit is a (check one):

☐ Manufactured Home, Mobilehome, Multi-family 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**
*Print name of Decedent*

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

**Executed on** _____ **at** _____
*Date* *City* *State*

**Signature of Beneficiary** _____