## STATE OF CALIFORNIA BUSINESS, CONSUMER SERVICES 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 or	ne):			
☐ Manufactured Hor	me, Mobilehome, Multifamil	ly Manufactured Home   Comm	nercial Modular 🔲 Truck Camper 🔲 F	Floating Home
The Decal (License) N	lumber(s) is:			
The Trade Name is:				
The Serial Number(s)	is:			
SECTION II.	ADDITION OF E	BENEFICIARY		
			istration and title and you wish to add a be	eneficiary name.
I request the following BENEFICIARY:	named party be added to	the ownership registration and title	of the above described unit as the TRAN	ISFER ON DEATH
(Please Print)				
0507101111	Last Name	First Name	Middle Initial	
SECTION III.	DELETION OF I			
	g statement if a beneficiar to add a new beneficiary.	y is recorded on the ownership req	gistration and title and you wish to remov	e the beneficiary's
I request the following described unit:	g named TRANSFER ON	I DEATH BENEFICIARY be delet	ted from the ownership registration and	title of the above
(Please Print)				
	Last Name	First Name	Middle Initial	
SECTION IV.	CHANGE OF BI	ENEFICIARY		
new beneficiary. I request the name of t			is recorded on the ownership registration e of the above described unit be changed	
(Please Print)	Last Name	First Name	Middle Initial	
SECTION V.	CERTIFICATIO	N		
	if Sections 2, 3 or 4 are con			
I certify under penalty	of perjury under the laws o	of the State of California that the fore	egoing is true and correct.	
Executed on	at _			
	Date	City	State	
Signature of Registere	ed Owner			
SECTION VI.	REQUEST TO T	RANSFER ON DEATH O	F REGISTERED OWNER	
	g statements if the registe Y wishes to transfer owners		registration and title is deceased and the	e TRANSFER ON
A. As the Transfer	on Death Beneficiary reco	orded on the ownership registration	and title, I request to register the above de	escribed unit in the
following name	(s):			
B. As the Transfer	on Death Beneficiary, I ce	rtify under penalty of perjury under	the laws of the State of California, that	
-	Print name of Decedent	, the registe	ered owner of the above described unit die	ed on
	_			
D	, at Date of Death	Place of death,	city and state or province or county, etc.	
Executed on	at <sub>Date</sub>			
	Date	City	State	
Signature of Beneficia	rv			

HCD 488.4 (Rev. 12/14)