

CONDITIONAL TAX CLEARANCE CERTIFICATE

Mobilehome

Floating Home

Date Requested: _____

ESCROW COMPANY NAME AND ADDRESS NAME & ADDRESS OF CURRENT REGISTERED OWNER (SELLER)	ESCROW NUMBER	NAME & PHONE NUMBER OF ESCROW OFFICER () -
NAME OF BUYER (APPLICANT) & ADDRESS TO WHICH FUTURE TAX STATEMENTS SHOULD BE MAILED	MAKE	LOCATION OF HOME NOW: Parcel Number (if known) AFTER ESCROW: Parcel Number (if known)
MANUFACTURER'S SERIAL NUMBER(S):	YEAR	DECAL (LICENSE NUMBER(S))

CERTIFICATION OF TAX COLLECTOR

To pay taxes in accordance with various provisions of law and to satisfy provisions of Health and Safety Code §18092.7, the total amount of \$ _____ must be paid on or before _____.

If not so paid, the amount of \$ _____ must be paid on or before _____.

THIS CERTIFICATE IS VOID ON AND AFTER _____
(date)

Executed on _____, at _____
(date) (city)

County tax collector for _____ County, State of California.

Issued on _____, _____
(date) (signature & title of tax official)

CERTIFICATION OF ESCROW OFFICER

I hereby certify under penalty for perjury that the tax liability stated above has been paid in full on or before the date required and that all terms of this statement of conditional tax clearance have been complied with. A copy of this certification has been returned to the tax collector with payment.

Executed on _____, at _____
(date) (city, state)

Escrow closed on _____, _____
(date) (signature of escrow officer)