



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
 1535 Old Hot Springs Rd, Suite 60
 Carson City, NV 89706
 (775) 687-2060 • Fax (775) 687-2251

PLEASE CHECK APPLICABLE LIEN:

Mechanic's Lien Landlord Storage Lien

AFFIDAVIT OF LIEN SATISFACTION

STATE OF NEVADA

COUNTY OF _____)

Lienholder, _____ of _____ Nevada, on his/her own behalf as the holder of the lien hereinafter referred to, or on behalf of _____, a business, whose address is _____, a corporate lien or, and on whose behalf and in the capacity of _____ of said corporation, being first duly sworn on oath says:

That on or about the _____ day of _____, 20_____, one _____ (Debtor/Owner/Tenant)

left with him or with the corporation, for storage and/or repair, or for furnishing accessories or supplies or for unpaid rent and/or utilities relative to a certain structure described as follows:

Make: _____ Serial Number: _____ Year: _____

Registered Owner: _____

Address: _____

Legal Owner: _____

Address: _____

The charges, including the cost of enforcing the lien, totaled the sum of \$_____, that such sum or the balance due thereof \$_____, was not paid after due notice and demand was given and made pursuant to the provisions of NRS 108.270 - 108.360, that said structure was thereafter, to wit: on the _____ day of _____, 20_____ sold, pursuant to the provision of said law, at auction to

_____ whose address is _____ for the sum of \$_____.

That all provisions of NRS 108.270 - 108.360 have been complied with and affiant makes this affidavit for the purpose of satisfying the Manufactured Housing Division and the State of Nevada; that a Certificate of Ownership for said structure should be issued to the aforesaid purchaser thereof upon the facts herein stated, and that the affiant does hereby release and discharge, and agrees to save harmless the said Manufactured Housing Division and the State of Nevada, of and from any and all liability to anyone whomsoever which may arise by reason of any contest of the validity of the lien herein referenced to or the validity of the sale under said lien, or failure of lien claimant to satisfy lien in the manner prescribed in NRS 108.270 - 108.360.

Signature: _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned Notary Public,
(name of Notary Public)

this _____ day of _____, 20____, by _____
(Name of person whose signature is being notarized)

_____.

Notary Public

WARNING - Endorsement required by county assessor where mobile home is situated that all taxes have been paid before title can be transferred.

Signature Assessor or Deputy Assessor

For Tax Year: _____

Note: This form must be completed in its entirety. Insert “unknown” when information is not available.