

CONDITIONAL TAX CLEARANCE CERTIFICATE

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Date Requested: _____

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

CONDITIONAL TAX CLEARANCE CERTIFICATE

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:

DAY	DATE	MONTH	YEAR

County Tax Collector
State of California

Executed at (time), (county) County this (day) day of (month), (year).

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.

Escrow closed on (date).

Escrow Officer

Executed at (time), (county) County this (day) day of (month), (year).