

# STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

# AFFIDAVIT OF TRANSFER TO REAL ESTATE

Manufactured Home Application Checklist

A person who holds a certificate of title, a certificate of origin, or otherwise owns as an improvement, a manufactured home that is attached to real estate by a permanent foundation may apply for an Affidavit of Transfer to Real Estate (ATRE). However, a person is not required to apply for an ATRE to convert a manufactured home that is attached to real estate by a permanent foundation to an improvement upon the real estate upon which it is located.

When submitting paperwork, include the following:

┙	Affidavit of Transfer to Real Estate - State Form 51408
┙	Proof of Ownership: A manufacturer's certificate of origin, certificate of title, bill of sale, purchase or settlement agreement, warranty or Sherriff's deed, etc.
	A manufactured home must have a vehicle identification number (VIN), serial number, certification label from the U.S. Department of Housing and Urban Development. If the manufactured home does not have a VIN, serial number, or a certification label, you must include the Request for Special Identification Number – MVIN Application Packet.
$\supset$	\$15.00 ATRE Fee. Payable by MasterCard or Visa, check, electronic check, or money order.

For your convenience, the required forms are included with this checklist. The forms are also available at myBMV.com. Mail the completed packet to:

Indiana Bureau of Motor Vehicles ATRE Department 100 North Senate Avenue, Room N417 Indianapolis, IN 46204

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, the manufactured home title will be retired in the BMV's records. If all required documents are not submitted or information is incomplete, the entire application will be returned.

Please include this checklist with your application.

# AFFIDAVIT OF TRANSFER TO REAL ESTATE

State Form 51408 (R4 / 1-17) Approved by State Board of Accounts, 2017 INDIANA BUREAU OF MOTOR VEHICLES

### **INDIANA BUREAU OF MOTOR VEHICLES ATRE Department**

100 North Senate Avenue, N417 Indianapolis, IN 46204

\* This agency is requesting disclosure of your Social Security Number / Federal Identification Number to ensure accuracy of records in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

**INSTRUCTIONS:** 

- Complete in blue or black ink, or print form.
   Mail the completed form and supporting documents to the address indicated above.

Section 1 - Manufactured Home Owner								
Name of Applicant (last, fir	st, middle initial or company name)			Indiana Driver's License Number, Social Security Number, or Federal Identification Number				
Address (number and street)				City		State	ZIP Code	
Section 2 - Return Packet Address  Include the name and address to which documents should be returned if different than the manufactured home owner.								
Name (last, first, middle initial or company name)								
Address (number and street)				City	State	ZIP Code		
	Section 3	- Manufact	ured Home Infor	mation				
Year	Make		Model					
Provide at least one of	☐ Unique Serial Number:							
the following (required):	☐ HUD Certification Number:							
	□ Special Identification Number issued by the Bureau:							
Lienholder Name (if applicable)								
Lienholder Address (number and street)				City		State	ZIP Code	
	Section 4 - Real Estate Information							
Address (number and stree	<del>,</del>							
City	State	ZIP Code		County				
Parcel Number (required)								
Legal Description of Real Estate (required - attach additional sheets if necessary)								

Section 5 - Attestation of Permanent Attachment to Real Estate						
I swear and affirm under the penalties for perjury that the manufactured home, as described in Section 3 above, is permanently attached to real estate, as described in Section 4 above, and that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.						
Signature of Applicant Printed Name			Date Signed (mm/dd/yyyy)			
Signature of Applicant	Printed Name		Date Signed (mm/dd/yyyy)			
	Section 6 - Notary Certifica	ation				
State of } SS: (SEAL)						
County of	} SS:					
Sworn to before me, a Notary Public, in and	for said County, thisday of	:	, 20			
Signature	Printed Name		Date	(mm/dd/yyyy)		
Section 7 - AFFIDAVIT OF TRANSFER TO REAL ESTATE  BMV Use Only						
The Indiana Bureau of Motor Vehicles certifies that this manufactured home has been "retired" from the Bureau's active title file and no further transactions will be allowed.						
It is the responsibility of the owner of the ma accordance with Indiana Code 9-17-6-15.3, county auditor for endorsement required by Furthermore, it is also the responsibility of the home/real estate to record this Affidavit of Tracounty in which the manufactured home/rea	(Seal of the Indiana Bureau of Motor Vehicles)					
In testimony whereof, I and my duly authorized representative execute this certification and affix the seal of the Indiana Bureau of Motor Vehicles.						
This instrument was prepared by the Indiana Bureau of Motor Vehicles. I swear and affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.						
Designee of Indiana Bureau of Motor Vehicles Commissioner			Title	Date (mm/dd/yyyy)		

The filing in the appropriate county recorder's office of this completed affidavit with the retired certificate of title, if available, is deemed a conversion of the manufactured home that is attached to real estate by a permanent foundation to an improvement upon the real estate upon which it is located. However, a filing is not required for a person who converts a manufactured home that is attached to real estate by a permanent foundation to an improvement upon the real estate upon which it is located.



# **COLLECTION OF PAYMENT INFORMATION**

State Form 56163 (7-17) Approved by State Board of Accounts, 2017 INDIANA BUREAU OF MOTOR VEHICLES

# **BUREAU OF MOTOR VEHICLES**

Central Office Finance 100 N. Senate Avenue, Room N440 Indianapolis, IN 46204 (888) 692-6841

# **INSTRUCTIONS:**

- 1. Complete in blue or black ink, or print form.
- 2. Enter the amount to be charged and the payment type information in Section 2. Payment may be made by Visa, MasterCard, or electronic check. If enclosing a check, money order, cashier's check, or certified check, this form is not required.

  3. Mail this form to the address that is specified on the application being submitted and for which you are making payment.
- 4. This form will be destroyed immediately after payment has been processed.

SECTION 1 - ACCOUNT HOLDER INFORMATION						
Name of Account Holder (first, middle, last, or company name)	Driver's License Number (DLN) or Federal Identification Number			Telephone Number		
Billing Address (number and street)		City			ZIP Code	
SEC	CTION 2 - PAYMENT IN	FORMATION	<u>.</u>			
Amount to be Charged: \$	Description of the service	/application to whi	ch the payment is relat	ed:		
Credit Card Payment:						
Type of Credit Card:						
Credit Card Number:		Expiration Date (mm/yy):/			_/	
Electronic Check Payment:						
Routing Number:						
Account Number:						
SECTION 4 - AFFIRMATION STATEMENT						
I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card or the electronic check information in the amount provided above.						
Signature of Account Holder / Authorized User	Printed Name			Date Signe	ed ( <i>mm/dd/yyyy</i> )	