

SUTTER COUNTY
CONDITIONAL TAX CLEARANCE CERTIFICATE



Mobilehome

Floating Home

Date Requested:

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

CERTIFICATION OF TAX COLLECTOR

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

If not 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 Sutter 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 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 the payment.

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

Escrow closed on _____
(date) (Signature of escrow officer)