

**MOBILE REGISTRATION AFFIDAVIT (Family)**

Service New Brunswick  
Property Assessment Services  
(10/2022)



**PROVINCE OF NEW BRUNSWICK**

**COUNTY OF** \_\_\_\_\_

**I, the undersigned** (Name): \_\_\_\_\_

(Address): \_\_\_\_\_

**MAKE OATH AND SAY AS FOLLOWS:**

- (1) I have personal knowledge of the facts herein sworn to, except where expressly stated otherwise.
- (2) On \_\_\_\_\_ (hereinafter called the  
(date) (name)  
deceased) died without leaving a will or other testamentary instrument.
- (3) I am the \_\_\_\_\_ of the deceased and a beneficiary of his/her estate.  
(state relationship)
- (4) At the time of his/her death, the deceased was the registered owner of  
\_\_\_\_\_  
(full description of mobile home)
- (5) I have been advised by \_\_\_\_\_ (hereinafter called the applicant) and  
do verily believe that the applicant has made application to the Executive Director of Assessment  
Service New Brunswick, to transfer the registration of the said mobile home into the name of the  
applicant and that all outstanding property taxes are paid in accordance with Section 29 of Regulation  
84-6 under the Assessment Act (O.C. 84-28).
- (6) I consent to the said transfer and release all right, title and interest in the said mobile home, and I  
release His Majesty the King in the Right of the Province of New Brunswick from any claim, suit,  
demand or action that I might have with respect to the said transfer.

**SWORN TO** at \_\_\_\_\_ )  
in the County of \_\_\_\_\_ and Province of \_\_\_\_\_ )  
New Brunswick, this \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, \_\_\_\_\_ )  
\_\_\_\_\_ )

**A COMMISSIONER OF OATHS**

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