



The Commonwealth of Massachusetts  
Executive Office of Elder Affairs  
One Ashburton Place, 5th Floor  
Boston, Massachusetts 02108

## Transfer of Ownership Notification

In accordance with the Massachusetts Assisted Living Regulations 651 CMR 12.03(8), the application for a Change of Ownership must include a statement signed and notarized by the parties, regarding the anticipated transfer of Ownership of the Residence.

### **Assisted Living Residence (ALR) to be transferred:**

\_\_\_\_\_  
ALR Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ Town

\_\_\_\_\_  
Zip code

The undersigned representative of the applicant confirms the intent of the buyer to purchase the ownership entity of the above named ALR from:

\_\_\_\_\_

The anticipated date of the transfer is: \_\_\_\_\_

### **BUYER:**

\_\_\_\_\_  
Name of proposed ownership entity

\_\_\_\_\_  
Signature of Person Authorized to sign for Applicant (Officer, Trustee or Individual)

\_\_\_\_\_  
Print Name & Title of Person Authorized

**Notary Signature and Seal:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the above named individual proved to me through satisfactory evidence of identification and authorization regarding the anticipated transfer of ownership of the Assisted Living Residence identified above.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)