

Affidavit of Affixture of Manufactured Home
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes / Building Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9317
 Authority: 1987 PA 96

Fee: \$90.00

Instructions:

- Submit the ORIGINAL application signed before a notary.
- Remit a check or money order made payable to the **State of Michigan**.
- Application will be returned if not complete.
- The ORIGINAL Certificate of Title or Certificate of Origin must accompany this application. (The owner(s) on the Affidavit of Affixture must match the owner(s) on the title/origin.)
- Once approved, the original will be returned to the person listed on page 2, otherwise it will be returned to the owner. It must then be recorded with the Register of Deeds for the county in which the real property is located.

For Department Use Only

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|-----------------------------------------|
| FILED AND ACCEPTED BY THE DEPARTMENT ON |
|-----------------------------------------|

Owner and Home Information

Name Of Owner(s)

Address

| | | |
|------|----------|----------|
| City | MICHIGAN | Zip Code |
|------|----------|----------|

| | | |
|------|--------------|-------------------------------------------------------------------|
| Year | Manufacturer | Manufacturer's Serial Number Or Number Assigned By The Department |
|------|--------------|-------------------------------------------------------------------|

Provide Legal Description Of The Real Property To Which The Mobile Home Is Affixed

Attachment Enclosed

I Certify The Mobile Home Is Affixed To The Real Property Described Above.

| | |
|---------------------------------------|------|
| Signature Of Owner(s) As Listed Above | Date |
|---------------------------------------|------|

Name of Owner(s) As Listed Above (Type or Print)

| |
|-----------------------------------------------------------------|
| Subscribed and sworn before me, this ____ day of _____, 20____. |
| A Notary Public in and for _____ County, Michigan. |
| Signature of Notary Public _____ |
| Printed Name _____ |
| My Commission expires on _____ |

| Secured Parties | | |
|----------------------------------------------------------------------------------------------------------------------------|-------|----------|
| 1st Secured Party | | |
| Address | | |
| City | State | Zip Code |
| I hereby give consent to the termination of the security interest and the cancellation of the certificate of title. | | |
| Signature Of Authorized Representative | | Date |
| 2nd Secured Party | | |
| Street Address | | |
| City | State | Zip Code |
| I hereby give consent to the termination of the security interest and the cancellation of the certificate of title. | | |
| Signature Of Authorized Representative | | Date |

Drafted By

| | | |
|---------|-------|----------|
| Name | | |
| Address | | |
| City | State | Zip Code |

Return Affidavit of Affixture to:

| | | |
|----------------|--------------------------------------|----------|
| Name | | |
| Contact Person | Telephone Number (Include Area Code) | |
| Address | | |
| City | State | Zip Code |

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

VALIDATION AREA

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