

**Affidavit of Affixture of Manufactured Home**

Michigan Department of Consumer & Industry Services  
Bureau of Construction Codes & Fire Safety  
Building Division, P.O. Box 30255  
Lansing, MI 48909  
517/241-9317  
Authority 1987 PA 96

**Fee: \$45.00**

**Instructions:**

- Complete application and sign before a notary.
- Certificate of Title or Certificate of Origin, if Certificate of Title has not been issued, must accompany this application.
- Mail completed original application with original signatures, appropriate documentation, and fee to the address above.
- An executed original must be recorded with the Register of Deeds for the county in which the real property is located.

**For Department Use Only**

Filed and Accepted by the Department on

Empty box for department use.

Owner and Home Information			
Name of Owner			
Address			
City		MICHIGAN	Zip Code
County		Telephone Number ( )	
Manufacturer	Model	Year of Manufacture	
Manufacturer's Serial Number or Number Assigned by the Department			
Provide legal description of the real property to which the mobile home is affixed			
<b>I have enclosed the following documentation with this application.</b> <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Certificate of Origin			
<b>I certify the mobile home is affixed to the real property described above.</b>			
Signature of Owner			Date

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
 A Notary Public in and for \_\_\_\_\_ County, Michigan.  
 \_\_\_\_\_ My Commission expires on \_\_\_\_\_ .  
 (Signature of Notary Public)

<b>Secured Parties</b>		
1st Secured Party		
Street Address		
City	State	Zip Code
<b>I hereby give consent to the termination of the security interest and the cancellation of the Certificate of Title.</b>		
<b>Signature of Authorized Representative</b>		Date
2nd Secured Party		
Street Address		
City	State	Zip Code
<b>I hereby give consent to the termination of the security interest and the cancellation of the Certificate of Title.</b>		
<b>Signature of Authorized Representative</b>		Date

**DRAFTED BY:**

Name		
Address		
City	State	Zip Code

The Department of Consumer and Industry Services 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.

**OFFICE USE ONLY - VALIDATION AREA**