

**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**

FILED AND ACCEPTED BY THE DEPARTMENT ON
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Owner and Home Information		
Name Of Owner(s)		
Address		
City		Zip Code
MICHIGAN		
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		
<b>I Certify The Mobile Home Is Affixed To The Real Property Described Above.</b>		
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
<b>I hereby give consent to the termination of the security interest and the cancellation of the certificate of title.</b>		
Signature Of Authorized Representative		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>		
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