

**Affidavit of Licensed Professional in Support of Affidavit of Affixture Filing**

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Building Division

P.O. Box 30254, Lansing, MI 48909

517-241-9317

www.michigan.gov/bcc

Authority: 1987 PA 96  
Completion: Voluntary  
Penalty: None

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

\_\_\_\_\_ having duly sworn, states:  
(Printed Name of Affiant)

1. I have personal knowledge of the facts set forth in this affidavit, and if called as a witness, I can competently testify in support of those facts.

2. I am licensed in the state of Michigan as a(n): (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Attorney<br>Bar No. _____                         | <input type="checkbox"/> Limited Real Estate Appraiser<br>License No. _____                     |
| <input type="checkbox"/> Real Estate Salesperson<br>License No. _____      | <input type="checkbox"/> State Licensed Real Estate Appraiser<br>License No. _____              |
| <input type="checkbox"/> Real Estate Broker<br>License No. _____           | <input type="checkbox"/> Certified Residential Real Estate Appraiser<br>License No. _____       |
| <input type="checkbox"/> Associate Real Estate Broker<br>License No. _____ | <input type="checkbox"/> Certified General Associate Real Estate Appraiser<br>License No. _____ |

3. A mobile home identified as:

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Manufacturer's Serial Number: \_\_\_\_\_ or Assigned Number: \_\_\_\_\_

is physically attached to the real property described in **Attachment A** and whose street address is:

\_\_\_\_\_

(Street Address)

\_\_\_\_\_, Michigan \_\_\_\_\_

(City)

(Zip Code)

4. The wheels, towing hitches and running gear are removed from the mobile home.

5. The mobile home is attached to a foundation or other support system.

AFFIANT SAYS NOTHING FURTHER.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Affiant

Subscribed and sworn to by \_\_\_\_\_ before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
A Notary Public in and for \_\_\_\_\_ County, Michigan.  
Signature of Notary Public \_\_\_\_\_ Printed Name \_\_\_\_\_  
My Commission expires on \_\_\_\_\_