

Affidavit of Detachment of Manufactured Home
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 P.O. Box 30255, Lansing, MI 48909
 517-241-9316

Authority: 1987 PA 96

Instructions:

- Submit the ORIGINAL application signed before a notary.
- No **application fee** is required for the Affidavit of Detachment.
- Upon receipt, processing time is 7 to 10 business days.
- Application will be returned if not complete.
- 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.
- Submit the approved Affidavit of Detachment with \$90.00 to the Secretary of State to have a new title issued.

For Department Use Only

FILED AND ACCEPTED BY THE DEPARTMENT ON

Owner and Home Information			
Name of Owner(s)			
Property Address			
City		MICHIGAN	Zip Code
Year	Manufacturer	Model	Manufacturer's Serial No. or No. Assigned by the Department
Provide legal description of the real property to which the mobile home is being detached <input type="checkbox"/> Attachment enclosed			
I certify the mobile home is being detached from 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 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 _____

Secured Parties		
1st Secured Party		
Address		
City	State	Zip Code
I hereby give consent to the detachment of the mobile home from the real property described above.		
Signature of Authorized Representative		Date
2nd Secured Party		
Address		
City	State	Zip Code
I hereby give consent to the detachment of the mobile home from the real property described above.		
Signature of Authorized Representative		Date

Drafted By

Name		
Address		
City	State	Zip Code

Return Affidavit of Detachment to:

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

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

VALIDATION AREA