

**Affidavit of Detachment of Mobile Home**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Office of Land Survey and Remonumentation  
P.O. Box 30255, Lansing, MI 48909  
E-Mail: BCCOLSR@michigan.gov/ Phone: 517-241-6321

Authority: 1987 PA 96

**Instructions:**

- Submit the ORIGINAL application signed before a notary.
- No **application fee** is required for the Affidavit of Detachment.
- 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**

<small>FILED AND ACCEPTED BY THE DEPARTMENT ON</small>          
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Owner and Home Information		
Name of Owner(s)		
Property Address		
City	MICHIGAN	Zip Code
Year	Manufacturer	Manufacturer's Serial No.
Provide legal description of the real property to which the mobile home is being detached <input type="checkbox"/> Attachment enclosed		
<b>I certify the mobile home is being detached from 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 to by _____ before me, this ____ day of _____, 20 ____.
A Notary Public in and for _____ County, with in the State of _____.
Signature of Notary Public _____ Printed Name _____
My Commission expires on _____

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