

Affidavit of Licensed Professional in Support of Affidavit of Affixture Filing

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Building Division
P.O. Box 30254, Lansing, MI 48909
517-241-9317

Authority: 1987 PA 96 Completion: Voluntary Penalty: None	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.
---	--

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

- 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.
- I am licensed in the state of Michigan as a(n): (check all that apply)
 - Attorney Bar No. _____
 - Real Estate Salesperson License No. _____
 - Real Estate Broker License No. _____
 - Associate Real Estate Broker License No. _____
 - Limited Real Estate Appraiser License No. _____
 - State Licensed Real Estate Appraiser License No. _____
 - Certified Residential Real Estate Appraiser License No. _____
 - Certified General Associate Real Estate Appraiser 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)

- The wheels, towing hitches and running gear are removed from the mobile home.
- The mobile home is attached to a foundation or other support system.
- The wheels, towing hitches and running gear were removed and the mobile home was attached to a foundation or other support system on or before July 14, 2003.

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 _____
