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Affidavit of Affixture of Manufactured Home

Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes / Building Division P.O. Box 30255, Lansing, MI 48909

E-Mail: bccbldg2@michigan.gov/Phone: 517-241-9317

APR 15 2016

Authority: 1987 PA 96 Original Application Fee: \$90.00 Request for a Duplicate: \$90.00

Submit the ORIGINAL application signed before a notary.		For Department Use Only
Remit a check or money order made payable to the State of Michael Company	higan	FILED AND ACCEPTED BY THE DEPARTMENT ON
 Upon receipt, processing time is 7 to 10 business days. 	ingun.	
Application will be returned if not complete.		
• The ORIGINAL Certificate of Title or Certificate of Origin mu	ist accompany	APR 2 2 2016
this application (for new applications only). The owner(s) on		
Affixture must match the owner(s) on the title/origin.	ine Amaarit of	LARA
 Once approved, the original will be returned to the person list 	ed on page 2	BUREAU OF CONSTRUCTION CODES BUILDING DIVISION
otherwise it will be returned to the owner. It must then be rec		BOILDING DIVISION
Register of Deeds for the county in which the real property is loca		
		<u> </u>
Owner and Home Ir		
Name of Owner(s)	E-Mail A	ddress
FIRST MERIT BANK	Fat. Ve	Herdipka CHEST MER, E. COM
Property Address 608 Woodside LN		****
City Q A. I.		Zip Code 48708
DAY CITY	MICHIGAN	70100
Year Manufacturer Model Manufactu VICTORIAN VP/1	rer's Serial No. o	or No. Assigned by the Department
Provide legal description of the real property to which the mobile		
MAttachment enclosed See Sheriff's Dee		
SEE SHERIFF'S DEE	2	
I certify the mobile home is affixed to the real property descr	ibed above.	
Signature of Owner(s) as Listed Above	- 1	Date
Patricial Patter Wioka, OFFICER FIRST MER	it BANK.	3-22-16
Name of Owner(s) as Listed Above (Type or Print)		
PATRICIA J. POTTER-DIPKON, OFFICER		98
This affidavit was executed in the County of	within the S	State of Michigan .
Subscribed and sworn to by PATRICULT J POHER -DIR		before me this 2 day of
	/ ~	netote me this er day of

BCC-961 (Rev. 8/15) Page 1

A Notary Public in and for

Signature of Notary Public _

My Commission expires on

OVER

COUNTY OF GENEGEE My Commission Expires February 20, 2019 Acting in the County of Consec

NOTARY PUBLIC- STATE OF MICHIGAN

County, within the State of Michiga

Printed Name of Printed Name

Sec	cured Parties	
1st Secured Party		
Address		
City	State	Zip Code
I hereby give consent to the termination of the secu	rity interest and the cancell	ation of the certificate of title.
Signature of Authorized Representative		Date
2nd Secured Party		
Address		
City	State	Zip Code
hereby give consent to the termination of the secu	rity interest and the cancella	ation of the certificate of title.
Signature of Authorized Representative		Date
Name, PATRICIA J. POHER - DIPK Address 328 S. SAGINAU ST Maule,	Ka 10FFICER GRE PODE FINT 330	SIMERIT BANK
Hint	State //,	Zip Code 4850 2
Name PATRICIA J. POHER-DIRKA	Telephone Number (Include Area Code)
Address S. SAGINAW ST Mail Coa	6 FNT330	2927
Hint Mi 48502	State M _J	Zip Code 250 2.
RA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable a	accommodations are available upon request to ind	lividuals with disabilities,
RECEIVED		VALIDATION AREA
APR 15 2016		

BUILDING DIVISION

TranInfo:22 21269735-1 04/11/16 Chk#: 80105645 Amt: \$90.00 ID: FIRST MERIT BANK