

(Space Above Reserved for Recorder of Deeds Certification)



MISSOURI DEPARTMENT OF
REVENUE
Affidavit of Severance

Grantor or Grantee			Date (MM/DD/YYYY) ____/____/____	
Name of Manufactured Homeowner (Person(s) who will be issued Certification of Title)				
Residential Address		City	State	Zip
Mailing Address		City	State	Zip

Manufactured Home Information	Manufacturer Name		Manufacturer's Serial Number		Home is: <input type="checkbox"/> New <input type="checkbox"/> Used	
	Model Year	Make	Model Name	Dimensions of the Home		

Real Estate Information	Legal Description of Real Estate (Attach a separate exhibit if more space is needed)
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Recordation Information	Date Affidavit of Affixation was Recorded with Recorder of Deeds Obtain from Recorder of Deeds		Book Number	Page Number
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Statement of Facts

Statement of Facts Regarding Certificate of Title. I hereby state the following: (Place initials in applicable boxes)

The following facts are known by me which affect the validity of the title to the manufactured home referenced in this application (attach a separate exhibit if more space is needed).

I am not aware of any facts or information that could affect the validity of the title of the manufactured home or the existence or nonexistence of a security interest in or lien on it.

Consent of Affiant

Note: License Office notary service - \$2.00

Under the penalties of perjury, I hereby affirm that the aforementioned manufactured home has been severed from the real estate described in this affidavit. I further affirm that the information contained in this affidavit is true and accurate.

Affiant's Signature

Printed or Typed Name of Affiant

(Seal)

State of Missouri)

County of _____)

Subscribed and sworn before me this

_____ day of _____, 20 _____

Notary Signature _____

Printed or Typed Name of Notary _____

My Commission Expires _____

Designated Agent

Designated agent for filing will receive written acknowledgement of compliance.

Name of Designated Agent

Business or Agency Name

Street Address

City

State

Zip

To be completed by an attorney-at-law or agent of a title insurance company

Must be completed by an attorney or licensed agent of a title insurance company.

I certify that the manufactured home described in this Affidavit of Severance is free and clear of, or has been released from, all recorded security interests, liens, and encumbrances. Place your initials in one of the applicable boxes below:

I certify 1) that the following facts are known to me that could affect the validity of the certificate of title to the manufactured home described in this application, or 2) that I am aware of the existence of the following lien or encumbrance to the manufactured home described in this application (attach separate exhibit if more space is needed):

or

I am not aware of any facts or information which may affect the validity of the certificate of title to, or the existence of any lien or encumbrance on the manufactured home described in this application.

Bar Number if an Attorney _____ License Number if a Title Insurance Agent _____

Signature of Attorney or Title Insurance Agent

Typed or Printed Name

Date (MM/DD/YYYY)

____/____/____

Mail to: Motor Vehicle Bureau
P.O. Box 100
Jefferson City, MO 65105-0100

Phone: (573) 526-3669
E-mail: mybmail@dor.mo.gov

Visit <http://dor.mo.gov/motorv/homes/>
for additional information.

