STATE OF SOUTH CAROLINA

MANUFACTURED HOME AFFIDAVIT FOR RETIREMENT OF TITLE CERTIFICATE

COUNTY OF COLLETON

(1) Name of Owner:	
(2) Description of Manufactured Home:	
Date of Manufacture:	Make:
Manufacturer:	Width:
Model year:	Length:
Identification Number (VIN):	
(3) Check whichever is applicable: The above described manufactured laffidavit, as required by law, will be filed not be applicable.	nome is subject to a security lien and a separate
building and safety codes adopted pursuant written evidence of compliance with the ap was permanently affixed to the above describinited to a letter from the code enforceme The above described manufactured by	nome is located in a jurisdiction with locally enforced to Title 6, Chapter 9 and attached to this form is plicable codes as of the date the manufactured home ribed real property. Written evidence of compliance is not office. Said letter should be attached to this form. nome is not located in a jurisdiction with locally t to Title 6, Chapter 9 applicable to manufactured

(5) Full legal description of property to which manufactured home is currently, or is to be, affixed using metes and bounds or reference to recorded plat by book and page. (A separate sheet identified as "Exhibit A" may be attached.)

(6) Derivation: This being the identical or a portion	n of property conveyed or leased to the owner
by deed or lease fromand recorded	
Tax map number:	
Tax billing name and address:	
(7) The above described manufactured home is per affixed to the above described real property and the with applicable law.	•
(8) Check if applicable: The owner of the manufactured home owns years in the real property to which the manufacture	
(9) WARNING: The execution and filing of this at manufactured home to the lawful owner of the real	•
The owner certifies that the above information probest information and belief of the owner.	evided by the owner is true and correct to the
DATE:/	
OWNER SIGNATURE	OWNER NAME PRINTED
WITNESS ONE	PRINT
WITNESS TWO	PRINT
STATE OF SOUTH CAROLINA	ACKNOWLEDGEMENT
COUNTY OF:	
This instrument was acknowledged before me on	//
by(nam	ne and title of authorized signer),
of (nam	ne of corporation/entity acknowledging)
on behalf of the corporation/entity.	
NOTARY SIGNATURE	NOTARY NAME PRINTED
Notary Public, State of South Carolina My C	Commission Expires//