COUNTY OF) MANUI	FACTURED HOME SEVERANCE AFFIDAVIT
( )	
OWN	NERS SECTION
(1) Name of Owner:	
(2) Description of Manufactured Home:	
Date of Manufacture:	
Manufacturer:Make:Make:	
Width: Length:	
Identification Number (VIN):	
(3) Check whichever is applicable:	_
The above described manufactured home will	be removed from its current location and will not be
permanently affixed in a new location.	
	be removed from its current location and will be permanently
affixed in a new location.	and a street dealers in the language of the second
reference to recorded plat by book and page. (A sepa	nanufactured home is to be affixed using metes and bounds or
reference to recorded plat by book and page. (A sepa	rate sheet identified as Exhibit A may be attached.)
	of property conveyed or leased to the owner by deed or lease
	in Book at page
Tax map number	
Tax billing address	owner of manufactured home
(b) Name of owner of real property if different from	owner of manufactured nome.
(7) The initial manufactured home affidavit was reco	rded on, in book, at
page, in the County of	
The owner certifies that the above information provide	
The owner certifies that the above information provide	ded by the owner is true and correct to the best information and
belief of the owner.	ded by the owner is true and correct to the best information and
<u> -</u>	
belief of the owner.	ded by the owner is true and correct to the best information and  Signature of Owner
belief of the owner.	Signature of Owner
belief of the owner. Date:	
belief of the owner.	Signature of Owner
belief of the owner. Date:	Signature of Owner
belief of the owner.  Date:  Witness:  Witness:	Signature of Owner
belief of the owner. Date:  Witness: STATE OF SOUTH CAROLINA )	Signature of Owner  Type or Print Name of Owner
belief of the owner. Date:  Witness: STATE OF SOUTH CAROLINA )	Signature of Owner
belief of the owner.  Date:  Witness:  Witness:	Signature of Owner  Type or Print Name of Owner
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belief of the owner. Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF )	Signature of Owner  Type or Print Name of Owner  PROBATE
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw	Signature of Owner  Type or Print Name of Owner
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw foregoing affidavit and that he, together with	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the
belief of the owner. Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw foregoing affidavit and that he, together with  SWORN to before me this	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the
belief of the owner.  Date:  Witness:  Witness:  STATE OF SOUTH CAROLINA )  COUNTY OF)  Before me, the undersigned Notary Public, personally duly sworn, deposed and said that he saw foregoing affidavit and that he, together with	Signature of Owner  Type or Print Name of Owner  PROBATE  y appeared, who, being, sign, seal, and deliver the

## SECURED PARTY SECTION

——————————————————————————————————————	arties with a security interest in the manufac	
	be completed by each secured party and the ixed hereto I (we) consent to the severance certy identified herein.	
Date:		
Witness:	Signature of secured party	
	Signature of secured party	
Witness:	Print or type name of secured party	
Date:	Print or type name of secured party	
Witness:	Signature of secured party	
Witness:	Signature of secured party	
	Print or type name of secured party	
	Print or type name of secured party	
STATE OF SOUTH CAROLINA ) COUNTY OF )	PROBATE	
	olic, personally appearedaw	
foregoing consent to sever and that he, thereof.	together with	witnessed the execution
SWORN to before me this day of		
Notary Public for	_(L.S.)	

## STATE OF SOUTH CAROLINA ) MANUFACTURED HOME AFFIDAVIT FOR RETIREMENT OF TITLE COUNTY OF \_\_\_\_\_\_\_) **CERTIFICATE** (1) Name of Owner:\_\_\_\_\_ (2) Description of Manufactured Home: Date of Manufacture: \_\_\_\_\_ Manufacturer: Model year: Make: Width: Length: Identification Number (VIN): (3) Check whichever is applicable: \_\_\_\_\_The above described manufactured home is not subject to a security lien. \_\_\_\_\_The above described manufactured home is subject to a security lien and a separate affidavit, as required by law, will be filed naming the secured parties. (4) Check whichever is applicable: \_\_\_\_The above described manufactured home is located in a jurisdiction with locally enforced building and safety codes adopted pursuant to Title 6, Chapter 9 and attached to this form is written evidence of compliance with the applicable codes as of the date the manufactured home was permanently affixed to the above described real property. Written evidence of compliance includes, but is not limited to, a copy of a certificate of occupancy, a statement from the code enforcement office, an inspection report, or any documentation of similar effect from the local code enforcement office having the appropriate jurisdiction. Only one document should be attached to this form. The above described manufactured home is not located in a jurisdiction with locally enforced building and safety codes adopted pursuant to Title 6, Chapter 9 applicable to manufactured homes.

- (5) Full legal description of the property to which the 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 of property conveyed or leased to the owner by deed or lease from \_\_\_\_\_\_ and recorded \_\_\_\_\_ at page \_\_\_\_\_. Tax map number \_\_\_\_\_

Tax billing address

- (7) The above-described manufactured home is permanently affixed or is to be permanently affixed to the above-described real property and the title certificate is to be retired in accordance with applicable law.
  - (8) Check if applicable:
- \_\_\_\_\_The owner of the manufactured home owns or has a leasehold estate of thirty-five or more years in the real property to which the manufactured home is affixed.
- (9) WARNING: the execution and filing of this affidavit transfers ownership of the manufactured home to the lawful owner of the real property to which it is affixed.

The owner certifies that the above information provided by the owner is true and correct to the best information and belief of the owner.

Date:	
Signature of owner:	
Type or print name of owner	
Witness:	_
Witness:	_
STATE OF SOUTH CAROLINA )	
COUNTY OF)	PROBATE
<del>-</del>	Notary Public, personally appeared eing duly sworn, deposed and said that (s)he saw
	ign, seal, and deliver the foregoing Affidavit and
that (s)ne, together with	witnessed the execution thereof.
	W.
	Witness
SWORN to before me this day of	
Notary Public for(L.S.) My Commission Expires:"	

STATE OF SOUTH CAROLINA )	MANUFACTURED HOME LIEN
COUNTY OF	SATISFACTION AFFIDAVIT
dated:  (a) [] that the undersigned was given written payor canceled check to the secured party; or  (b) [] that the undersigned was given written payor electronic means to the secured party and has confine account provided by the secured party.	d to practice in the State of South Carolina.
Witness:	, and complete.
	Signature
Witness:	Name (Please print)
Attorney's Bar Number	
Street Address	
City, State, Zip Code	
Telephone	
STATE OF SOUTH CAROLINA ) COUNTY OF )	PROBATE
duly sworn, deposed and said that he saw	, who, being, sign, seal, and deliver the witnessed the execution thereof.
Subscribed and sworn to before me this day of	)

STATE OF SOUTH CAROLINA )		
COUNTY OF	MANUFACTURED HOM	IE LIEN AFFIDAVIT
COUNTY OF		
(1) Name of Owner		
<ul><li>(1) Name of Owner:</li></ul>	<del></del>	
Deta of Manufacture:		
Date of Manufacture:		
Manufacturer:		
Model year: Make:		
Width: Length:	<del></del>	
Identification Number (VIN):(3) The above described manufactured home i		
addresses are listed below:	s subject to a security field and all so	ecured parties with manning
addresses are fisted below.		
	1:1	
(4) Full legal description of new property to w reference to recorded plat by book and page. (		
reference to recorded plat by book and page. (	A separate sheet identified as Exili	on A may be attached.)
(C) D : (: M: 1 : 1 : 1 : 1	· · · · · · · · · · · · · · · · · · ·	1. 1. 1. 1.
(5) Derivation: This being the identical or a po		
·	and recorded	in book at page
Tax map number		
Tax billing address		
(6) Name of owner of real property if different	t from owner of manufactured hom	e
(b) Traine of owner of real property if differen	i from owner of manaractarea nom	<b>c.</b>
(7) The owner of the manufactured home affici	lavit was recorded on	in book
at page	in the County of	, in book
, at page The owner certifies that the above information	, in the County of	correct to the best information and
belief of the owner.	provided by the owner is true and	correct to the best information and
belief of the owner.		
Date:		
Dutc	Signature of Owner	<del></del>
	Signature of Owner	
	Type or print name of own	er
Witness:	Type of print name of own	
Withess.		
Witness:		
Witness:		
STATE OF SOUTH CAROLINA )		
COUNTY OF )	PROBATE	
( )	IROBATE	
Before me, the undersigned Notary Public, per	rsonally appeared	, who, being
duly sworn, deposed and said that he saw	• 11	, sign, seal, and deliver the
foregoing Affidavit and that he, together with		witnessed the execution thereof.
CWODN to before we thin		
SWORN to before me this day of		
Notary Public for(L.S.)		
My Commission Expires:		
Trij Commission Lapites		