

(Top 3 inches reserved for recording data)

AFFIDAVIT OF SEVERANCE OF MANUFACTURED HOME
Minn. Stat. 168A.142

Minnesota Uniform Conveyancing Blanks
Form 50.3.5 (2013)

State of Minnesota, County of _____

(insert name of Affiant) ("Affiant"),

being first duly sworn on oath says that:

1. I am:

- (choose one) an owner of the Property described below and the Manufactured Home described below.
- the _____
(insert title)
- of _____
(insert name of entity)
- a _____
(insert type of entity) under the laws of _____,
- which is an owner of the Property described below and the Manufactured Home described below.

2. The manufactured home that I own ("Manufactured Home") is described as follows:

Manufacturer's name: _____ Make: _____

Model number: _____ Model year: _____ Serial number: _____

Dimensions: _____ Manufactured Home was purchased: New Used
(check one box)

Other descriptive information (if any):

3. The Manufactured Home was affixed, in accordance with Minn. Stat. 273.125, subd. 8, to real property in
_____ County, Minnesota, legally described as follows ("Property"):

Check here if all or part of the described real property is Registered (Torrens)

4. The name(s), residence address(es), and mailing address(es) of the owner(s) of the Manufactured Home is (are) as follows:

5.

(choose one)

- I am not aware of any facts or information that could affect the validity of the title of the Manufactured Home or the existence of a security interest in or other lien on the Manufactured Home.
- The following facts or information could affect the validity of the title of the Manufactured Home or evidence the existence of a security interest in or other lien on the Manufactured Home:

6. An attorney's opinion that conforms to Minn. Stat. 168A.142, subd. 2(a)(2) is attached to this Affidavit.

7. This Affidavit is executed in support of severance of the Manufactured Home from the Property in accordance with Minn. Stat. 168A.142.

Affiant

(signature)

Signed and sworn to before me on _____ by _____
(month/day/year)

(insert name of person making statement)

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

NOTE: An attorney's opinion that conforms to Minn. Stat. 168A.142, subd. 2(a)(2) must be attached to this Affidavit to comply with Minn. Stat. 168A.142, subd. 2.