

ILLINOIS SECRETARY OF STATE
APPLICATION FOR SURRENDER OF MANUFACTURED HOME
CERTIFICATE OF TITLE OR MANUFACTURER'S STATEMENT OF ORIGIN

The undersigned owner(s) hereby applies for the surrender of:

Manufacturer's Statement of Origin pursuant to 625 ILCS 5/3-116.1

Certificate of Title pursuant to 625 ILCS 5/3-116.2

Owner(s) of Manufactured Home:

First Last Middle

First Last Middle

Residence/Business Street Address

City IL ZIP

Mailing Address (if different):

Street Address

City IL ZIP

Manufactured Home Information:

Name of Manufacturer of Home

Model

Model Year

Mobile Home Sq. Ft.

Vehicle Identification Number (VIN)

Date of Purchase: ____ / ____ / ____
Month Day Year

New: Used:

Seller's Information (Individual or Dealership): Name: _____

Address: _____
Street City State ZIP

Security Interest Holders or Lienholders on Home After Affixation:

First Security Interest/Lienholder

Second Security Interest/Lienholder

Name: _____

Name: _____

Address: _____

Address: _____

[Check one that applies]

The owner(s) knows of no facts or information that could reasonably affect the validity of the title to the manufactured home or the existence or non-existence of any security interest in or lien on the manufactured home, except as disclosed hereinabove.

The owner(s) knows of the following facts or information that could reasonably affect the validity of the title to the manufactured home or the existence or non-existence of any security interest in or lien on the manufactured home, excluding those security interests or liens previously disclosed above:

Daytime Phone Number (optional): _____

Signature of Owner(s): _____

A written acknowledgment of this surrender of manufacturer's statement of origin or certificate of title will be mailed to the owner and lienholder(s) listed above. The owner also requests that a written acknowledgment be mailed to:

Name

Mailing Address

Name

Mailing Address

THIS APPLICATION FOR SURRENDER MUST BE MAILED OR DELIVERED TO:

**SECRETARY OF STATE
DEPARTMENT OF VEHICLE SERVICES
501 S. 2nd St., ROOM 698
SPRINGFIELD, IL 62756**

THE APPLICATION MUST INCLUDE:

**A CERTIFIED COPY OF THE AFFIDAVIT OF AFFIXATION FILED IN THE RECORDING
OFFICE OF THE COUNTY IN WHICH THE HOME WILL BE AFFIXED
AND
ORIGINAL MANUFACTURER'S STATEMENT OF ORIGIN
OR
ORIGINAL CERTIFICATE OF TITLE WITH ALL LIENS RELEASED**