

## Debra J. Nye Muskingum County Auditor

## **Application to Surrender Manufactured Home Title**

Location of Manufactured Home:	State:		_
City:  Location of Manufactured Home:  City:		Zip Code:	_
City:			<del></del>
	State:	Zip Code:	
Phone No:	Make:	Year:	
Title No.:	Serial No.:		
Real Estate Owner(s):		Parcel No.:	_
Titled Owner's Signature:			
The wheels, axles and tongue have been remorate manufactured home has been placed on a perimeter wall, load bearing or non-load bearing of manufactured Home Information:  Type of Foundation – Slab, Crawl, or Basemen	a permanent fiing, with foot	oundation consisting of a continuous n	Yes No nasonry Yes No
		Number of Bedrooms:	
Number of Bathrooms:		How is house heated?	
Central Air Conditioning?	es No	Fireplace?	Yes No
Auditor Use Only:  Real Estate Taxes Paid? Yes No Manufa Liens on record for Manufactured Home? Yo  Qualifies for Real Estate? Yes No  Reason for Denial/Qualifications not met:	es No		
Title No.:	has been s	urrendered as of2	.0
Auditor's Approval: With all the above seediti	ons being me	t, the manufactured home on this parc	el will now be
taxed and treated as real estate and is subject	_	•	