



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

**REQUEST TO CANCEL CERTIFICATE OF TITLE
TO MANUFACTURED HOME CLASSIFIED AS
REAL PROPERTY**

Form 78-030-10-1-1-000

NAME OF OWNER(S) RECORDED ON TITLE: _____

ADDRESS: _____

MISSISSIPPI TITLE NO:

VEHICLE IDENTIFICATION NO:

I (We) hereby request cancellation of the above Certificate of Title to my (our) manufactured home as authorized by Miss. Code Ann. § 63-21-30.

The following documents must be attached:

1. The Mississippi Certificate of Title listed above.
2. A certified copy of the certificate issued by the Tax Assessor pursuant to Miss. Code Ann. § 27-53-15 certifying that the manufactured home has been classified as real property. The certificate must contain the name of the owner(s), the name of the manufacturer, the model, the serial number, the legal description of the real property upon which the manufactured home is located, and the recording information indicating the book and page where the certificate is recorded in the office of the Chancery Clerk.
3. Lien release(s) from lienholder(s) as recorded on the face of the Certificate of Title.

DATE:

NAME OF OWNER (PRINT): _____

SIGNATURE OF OWNER: _____

NAME OF OWNER (PRINT): _____

SIGNATURE OF OWNER: _____

NAME OF OWNER (PRINT): _____

SIGNATURE OF OWNER: _____