

Wisconsin Department of Safety and Professional Services

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Statement of Transfer of Manufactured Home To a Surviving Heir, Spouse, or Domestic Partner

Wisconsin Department of Safety and Professional Services [s.101.9211 \(4\) Wis Stats](#)

Submit this statement with the Certificate of Title, form SB-10687, for each manufactured home.

Surviving heirs should attach documentation demonstrating authorization to administer the decedent's estate.

The transfer to Surviving Spouse shall not affect any prior liens upon the manufactured home.

The transfer to an Heir cannot be completed until all liens have been removed from the title.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

(SELECT ONE)

Heir

Spouse

Domestic
Partner

Name of Surviving Heir or Spouse	Relationship to deceased (wife, husband, son, daughter, etc.)
Street Address	
City, State, Zip Code	
Name of Deceased	Date of Death
Deceased's Solely-Owned Property Total Value (May not exceed \$50,000)	

Manufactured Home Make	Manufactured Home Serial Identification Number	Maximum Value

As an heir of the deceased, I state that the information given above is correct and true and the deceased has no solely-owned property that exceeds \$50,000 in value according to the requirements of s.867.03 Wisconsin Statutes.

I have included an additional \$8.00 replacement title fee if the current title is not available.

X _____
(Signature of Heir)

As surviving spouse or domestic partner, I state that the information given above is correct and that I shall be personally liable for the deceased's debts and charges to the extent of the value of the manufactured home or homes, subject to s. 859.25 Wisconsin Statutes.

X _____
(Signature of Spouse or Domestic Partner)