

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112 (option 3)

**Office Location:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [DSPSSbManfHomes@wi.gov](mailto:DSPSSbManfHomes@wi.gov)  
**Website:** <http://dsps.wi.gov>

## STATEMENT OF TRANSFER OF MANUFACTURED HOME TO A SURVIVING HEIR, SPOUSE, OR DOMESTIC PARTNER

Wis. Stat § 101.9211(4)

This statement should be used for all non-probate death transfers, where the total estate of the deceased is less than \$50,000.  
Wis. Stat § 867.03

**Heir or Surviving Co-Owner**                      **Fee: \$23.00**

If Heir is not listed as co-owner on the title, then submit **Transfer Affidavit** (Wis. Court Form PR 1831.)

If you would like to add co-owners, also submit **Form SBD-10687** and pay only one \$23.00 fee.

If there is a Secured Party on the title, you must submit a **Lien Release**.

**Spouse/Domestic Partner**                      **Fee: \$15.50**

To add co-owners or transfer to new owners, also submit **Form SBD-10687** and pay the \$23.00 title fee only.

**Priority Service Fee - Add \$15.00** – Requests immediate processing of your application.

Name of Surviving Person to Appear on Title	Relationship to Deceased (spouse, child, etc)
Street Address	City, State, Zip

### About the Deceased Owner:

Name	Date of Death	Total Value of Estate
		\$

### About the Manufactured Home:

Serial Number	Year	Manufacturer/Make
Width:	County Kept In	Max Value
Length:		\$

You must submit a **Certified Death Certificate** and **Original Title**.

If no title, please submit \$8 replacement fee in addition to applicable fees.

I certify that the information and statements on this application are true and correct. I understand that under Wis. Stat § 101.9204(2) any person who makes a false statement in an application for a certificate of title is Guilty of a Class H felony. If I have indicated above that I am a surviving spouse or domestic partner, I shall be personally liable for the deceased's debts and charges to the extent of the value of the manufactured home, pursuant to Wis. Stat. § 859.25.

Mail this form with required documents and  
**Check or Money order payable to**  
**"D.S.P.S.":**  
**DSPS-Manufactured Home Unit**  
PO Box 8935  
Madison, WI 53708-8935

X \_\_\_\_\_  
Signature of Surviving Person

If you have any questions about this form,  
call (608)266-2112 (Option 3).

Personal information you provide may be used for secondary purposes. Wis. Stat. §15.04(1)(m)