



# Statement of Manufactured Home Transfer

Department of Safety and  
Professional Services  
Manufactured Home Unit  
P.O. Box 1355  
Madison, WI 53701-1355

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

Year	Make	Size-Body Length & Width	Manufactured Home (Serial) Identification Number
Sale Date		Sale Amount	
Print Seller Name			Print Buyer Name
Address (Street)			Address (Street)
City	State	Zip Code	City State Zip Code

I, as seller of the manufactured home described, do hereby sell, assign or transfer it to the buyer as shown above.

\_\_\_\_\_  
(Print Name of Seller Signing Below)

\_\_\_\_\_  
(Print Name of Buyer Signing Below)

X \_\_\_\_\_  
(Seller Signature)

X \_\_\_\_\_  
(Buyer Signature)

\_\_\_\_\_  
(Print Name of Co-Seller Signing Below)

\_\_\_\_\_  
(Print Name of Co-Buyer Signing Below)

X \_\_\_\_\_  
(Co-Seller Signature)

X \_\_\_\_\_  
(Co-Buyer Signature)