



## STATEMENT OF MANUFACTURED HOME TRANSFER

Department of Safety &  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935

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)