



# Substantiation for Manufactured Homes Titling or Retitling

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

### By Repossession Security Agreement

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

**A** **If Title is in your possession, please submit**

Manufactured Home Serial Identification Number		Make	Year	Size-Body Length & Width
SECURED PARTY (Name and Address) - Please Print		REPOSSESSED FROM: (Name and Address) - Please Print		
County where home located	(Area Code) Phone #	Date Repossessed	Security Agreement Date	
		Repossessed in State OF	<input type="checkbox"/> Notice of Sale given Subordinate lienholders	

I (we) certify that the above described manufactured home was repossessed in the state of and under security agreement as indicated above in compliance with the provisions of the Wisconsin Uniform Commercial Code, s.342.18(2) and 342.19(5), Wisconsin Statutes, and the Wisconsin Consumer Act as amended when applicable. (See s.425.201).

I (we) further certify that this manufactured home has been sold in compliance with said security agreement, the Wisconsin Uniform Commercial Code and the Wisconsin Consumer Act when applicable to:

Buyer (Name and Address) - Please Print	(If buyer at sale is other than reposessor, the buyer must complete form SBD-10687 Application for Title and submit with this document.
---	---

\_\_\_\_\_  
(Print name of buyer signing below)

X \_\_\_\_\_  
(Signature of Buyer) (Date)

\_\_\_\_\_  
(Print name of Repossessor signing below)

X \_\_\_\_\_  
(Signature of Repossessor or Authorized Agent) (Date)

Complete section "B" on reverse side when manufactured home has been repossessed by someone other than secured party shown above.

Complete section "C" on reverse side when manufactured home has been repossessed outside Wisconsin.

**Send application and payment to:** Department of Safety and Professional Services - Manufactured Homes, P.O. Box1355, Madison WI 53701-1355

Make check payable to State of WI – DSPS in the amount of \$23.00

# Repossessor Statement

Pursuant to s.421.201(5) Wis. Stats.

## **B Repossessor (If different from that shown in section "A")**

Name - Print	
Residence - County	State

## **C Repossession (If manufactured home repossessed outside Wisconsin)**

Repossessed in State of	Per Laws of State of
Manufactured Home Location	Number of days at location indicated

### **I certify that:**

1. As reposessor I was employed by the identified secured party in section "A";
2. The person identified as "Repossessed From", section "A", who is incorporated by reference, was a resident of Wisconsin at the time of execution of the security agreement and removed the above identified manufactured home from Wisconsin for a period in excess of 15 days;
3. The information on this statement is true and correct to the best of my knowledge;
4. This statement is in support of a request for retitling the manufactured home on reverse side.

X \_\_\_\_\_  
(Repossessor/Authorized Agent Signature)