

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 267-0592  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dspsbmanfhomes@wisconsin.gov](mailto:dspsbmanfhomes@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

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

[Wis. Stat. § 101.9211\(4\)](#)

This form 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.

#### About the Surviving Person:

Name of Surviving Person to Appear on Title		Relationship to Deceased (spouse, child, etc.)	
<input type="text"/>		<input type="text"/>	
Address (Street, City, State, Zip Code)			
<input type="text"/>			
Daytime Phone Number (include area code)		E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### About the Deceased Owner:

Name	Date of Death	Total Value of Estate
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

#### About the Manufactured Home:

Manufactured Home (Serial) Identification Number	Model Year	Manufacturer Trade Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Width x Body Length (with hitch)	Manufactured Home Community (if applicable)	County Where Located
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address for Location of Manufactured Home (street, city, state, zip)		Maximum Value
<input type="text"/>		\$ <input type="text"/>

#### You must also submit:

- **Certified Death Certificate**
- **Original Title (If no title, please submit \$8 replacement fee in addition to applicable fees.)**
- **A lien release must be submitted to transfer the title.**

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 form, required documents, and check or money order payable to "DSPS" to: DSPS Manufactured Home Unit P.O. Box 8935 Madison, WI 53708-8935 Questions about this form? Call (608) 266-2112 (Option 3).	SIGNATURE of Surviving Person (Print and Sign Form) <input type="text"/> DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
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Personal information you provide may be used for secondary purposes ([Wis. Stat. § 15.04\(1\)\(m\)](#)).

**Make a copy of all documents for your records.**