

**STATEMENT OF TRANSFER OF MANUFACTURED HOMES TO AN HEIR  
OR TO A SURVIVING SPOUSE**  
Wisconsin Department of Commerce  
s. 867.06 Wis. Stats.

Submit this statement with the Certificate of Title, form SB-10687, for each manufactured home.  
The transfer shall not affect any prior liens upon the manufactured home.

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

Spouse Fee \$15.50

Heir Fee \$23.00

Name of Surviving Heir or Spouse	Relationship to Deceased
Street Address	
City, State, Zip Code	
Name of Deceased	Date of Death
Deceased's Solely-Owned Property Total Value	

Manufactured Home Make	Manufactured Home Serial Identification Number	Maximum Value

As an heir of the deceased, I state that the information given above is correct and true and the deceased has no solely-owned property that exceeds \$50,000 in value according to the requirements of s.867.03 Wisconsin Statutes.

I have included an additional \$8.00 replacement title fee if the current title is not available.

X \_\_\_\_\_  
(Signature of Heir)

As surviving spouse, I state that the information given above is correct and that I shall be personally liable for the deceased's debts and charges to the extent of the value of the manufactured home or homes, subject to s.859.25 Wisconsin Statutes.

X \_\_\_\_\_  
(Signature of Spouse)