

STATEMENT OF MANUFACTURED HOME TRANSFER

Wisconsin Department of Commerce
 Safety and Building Division
 Manufactured Home Unit
 P.O. Box 1355
 Madison, WI 53701-1355

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)