

**TRUSTEE'S STATEMENT FOR CERTIFICATE OF TITLE**  
Wisconsin Department of Safety and Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935

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

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Manufactured Home (Serial) Identification Number Date

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Year Make Size Body Length and Width

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Name of Trust Trust Federal Tax Identification Number

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Name of Person Creating Trust Trust Created By Date Trust Created

Letters of Trust  Will  Other \_\_\_\_\_

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Principal Trustee Name

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Residence Address (Include apartment number if applicable.)

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City, State, Zip Code

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Cotrustee

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Residence Address (Include apartment number if applicable.)

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City, State, Zip Code

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Cotrustee

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Residence Address (Include apartment number is applicable.)

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City, State, Zip Code

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Include the names, addresses, and signatures of additional trustees on a separate page if necessary.

The persons signing below as trustees of the above-named trust affirm that:

1. This is a valid trust in existence at the time of this application.
2. They are duly appointed trustees of the above-named trust.
3. They have the authority to buy, sell, and register manufactured homes which are the property of the trust.
4. Their actions with respect to the transaction for which this document is provided are for the benefit of the beneficiaries of the trust.
5. They understand that the Wisconsin Department of Safety and Professional Services requires this document be provided as part of an application for Certificate of Title made by a trust and that the penalties for providing false information in this document include fines and imprisonment, sections 342.06(2) and 341.60 Wisconsin Statutes.

Check if Applicable

The trustees have the authority to grant a lien on manufactured homes which are the property of the trust.

The trustees have the authority to file and release liens against mobile homes.

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(Signature, Principal Trustee)

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(Signature, Cotrustee)

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(Signature, Cotrustee)