



**STATEMENT OF TRANSFER OF VEHICLES
TO A SURVIVING SPOUSE, DOMESTIC PARTNER OR HEIR**

Wisconsin Department of Transportation www.dot.wisconsin.gov
MV2300 4/2010 342.17(4)(b) and s.867.03 Wis. Stats.

The transfer shall not affect any prior liens upon the vehicle(s).

Submit this form with the Certificate of Title (form MV2269 or T055) and Application for Title / Registration (form MV1).
The title transfer fee for **surviving spouses or domestic partners** is \$62.00 for each vehicle.
The title transfer fee for **heirs** is \$69.50 for each vehicle.

Name of Surviving Spouse, Domestic Partner or Heir

Street Address

City, State, ZIP Code

_____ Name of Decedent	_____ Date of Death
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As Surviving Spouse or Domestic Partner

I state that the information given above is true and correct and that I shall be personally liable for the debts and charges of the decedent, to the extent of the value of the vehicle(s), subject to s.859.25 Wisconsin Statutes.

X _____
(Surviving Spouse or Domestic Partner Signature)

VEHICLE	MAKE	IDENTIFICATION OR ENGINE NUMBER	MAXIMUM VALUE	TITLE LOST
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

As an Heir of the Decedent

I state that the information given above is true and correct and that the decedent 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 \$20.00 replacement title fee if the box for "Title Lost – Yes" is checked.

X _____
(Signature of Heir)

X _____
(Signature of Heir)