



**INVENTORY OF PROPERTY TRANSFER**

**STEP 1 - PURCHASER(S)** Grantee (use new primary mailing address)

Entity Type - (Check One):  Individual  Joint  Partnership  Corporation  Trust  LLC  Holding Company

Original  
 Amended

Last Name / Entity

First Name



Last Name / Entity

First Name



Last Name / Entity

First Name



Street No.

Street Name

Apt / Unit

Phone Number





City

State

Zip Code + 4 (or Canadian Postal Code)




Email (optional)

**STEP 2 - SELLER(S)** Grantor (use new primary mailing address)

Entity Type - (Check One):  Individual  Joint  Partnership  Corporation  Trust  LLC  Holding Company

Last Name / Entity

First Name



Last Name / Entity

First Name



Last Name / Entity

First Name



Street No.

Street Name

Apt / Unit

Phone Number





City

State

Zip Code + 4 (or Canadian Postal Code)




Email (optional)

**STEP 3 - REAL ESTATE**

Municipality

County



Street No.

Street Name (If applicable)

Apt / Unit



INVENTORY OF PROPERTY TRANSFER

STEP 3 - REAL ESTATE (continued)

Tax Map, Block, Lot, Acreage, Number of Parcels Purchased, Multi Town Sale? If Yes, list municipalities:

Property Use (Check One): Residential, Commercial, Mixed Res / Comm, Industrial, Other

Property Type (Check One): Land Only, Building Only, Land & Building, Condo, Condex, Land & Manufactured Housing, Manufactured Housing, Multi-unit, Timber Rights, Mineral Rights

Features (Check One): Waterfront, Water Access, If multi-unit building, how many units?

STEP 4 - DEED

Transfer Date, Recording Date, Book No., Page No., Sale Price, Type of Transfer (Check one): Warranty, Quitclaim, Mortgage, Sheriffs, Tax, Foreclosure, Commissioner's, Fiduciary, Probate, In Lieu of Foreclosure, Transfer on Death

STEP 5 - TRANSACTION DETAIL

Were there any special circumstances in the transfer which suggest that the full price or consideration of the property was either more or less than its fair market value? If Yes, please choose all that apply from the list below or select "other" and fill in an explanation.

Did the sale transfer 100% interest in the property? If no, what % interest transferred?

Did the sale price above include a consideration for non-taxable personal property? If yes, indicate value below: Furnishings, Inventory, Other, Timber

Was the sale price reduced because of a Land Use Change Tax? If yes, by what amount?

Do you consider the selling price to be fair market value? If no, explain

Have you or will you make improvements to the property after the purchase but before April 1st? If yes please indicate approximate cost of these improvements:

Occupancy and status of structure: No Structure, New Construction (1 yr), Previously Occupied

Will the property serve as your primary residence? Yes No



**INVENTORY OF PROPERTY TRANSFER**

**STEP 6 - PREPARER**

Entity

Last Name  First Name

Street No.  Street Name  Apt / Unit  Phone Number

City  State  Zip Code + 4 (or Canadian Postal Code)

Email (optional)



**INVENTORY OF PROPERTY TRANSFER  
 SIGNATURE PAGE**

**STEP 7 - SIGNATURES**

**Power of Attorney (POA):** By checking this box and signing below, you authorize the preparer listed on this document to act on your behalf for this document only, including entering the book and page numbers and filing this document electronically.

**TAXPAYER'S SIGNATURE & INFORMATION (Purchaser's Signature is Required)**

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.

Purchaser's Signature

MMDYYYY

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Purchaser's Printed Name

Purchaser 2 Signature

MMDYYYY

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Purchaser 2 Printed Name

Purchaser 3 Signature

MMDYYYY

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Purchaser 3 Printed Name

**PREPARER'S SIGNATURE & INFORMATION (If prepared by someone other than the Purchaser)**

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)

Preparer's Signature (if other than taxpayer)

MMDYYYY

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Preparer's Printed Name (required if POA box is checked)