



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 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

MMDDYYYY

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Purchaser's Printed Name

Purchaser 2 Signature

MMDDYYYY

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Purchaser 2 Printed Name

Purchaser 3 Signature

MMDDYYYY

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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)

MMDDYYYY

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