



TO BE FILED WITH REGISTER OF DEEDS

Real Estate Transfer Statement

• Read instructions on reverse side

FORM 521

THE DEED WILL NOT BE RECORDED UNLESS THIS STATEMENT IS SIGNED AND ITEMS 1-25 ARE ACCURATELY COMPLETED

1 County Name		2 County Number		3 Date of Sale Mo. ___ Day ___ Yr. ___		4 Date of Deed Mo. ___ Day ___ Yr. ___	
5 Grantor's Name, Address, and Telephone (Please Print) Grantor's Name (Seller) Street or Other Mailing Address City State Zip Code Telephone Number ()				6 Grantee's Name, Address, and Telephone (Please Print) Grantee's Name (Buyer) Street or Other Mailing Address City State Zip Code Telephone Number ()			

7 PROPERTY CLASSIFICATION NUMBER. Check one box in categories A and B. Check C also if property is mobile home.

(A) Status	(B) Property Type			(C)	
(1) <input type="checkbox"/> Improved (2) <input type="checkbox"/> Unimproved (3) <input type="checkbox"/> IOLL	(1) <input type="checkbox"/> Single Family (2) <input type="checkbox"/> Multi-Family (3) <input type="checkbox"/> Commercial	(4) <input type="checkbox"/> Industrial (5) <input type="checkbox"/> Agricultural	(6) <input type="checkbox"/> Recreational (7) <input type="checkbox"/> Mineral Interests-Nonproducing	(8) <input type="checkbox"/> Mineral Interests-Producing (9) <input type="checkbox"/> State Assessed (10) <input type="checkbox"/> Exempt	(1) <input type="checkbox"/> Mobile Home

8 Type of Deed <input type="checkbox"/> Warranty <input type="checkbox"/> Quit Claim <input type="checkbox"/> Corrective <input type="checkbox"/> Sheriff <input type="checkbox"/> Conservator <input type="checkbox"/> Land Contract <input type="checkbox"/> Executor <input type="checkbox"/> Partition <input type="checkbox"/> Personal Rep. <input type="checkbox"/> Mineral <input type="checkbox"/> Trust <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Cemetery <input type="checkbox"/> Other			9 1031 Exchange? (was transfer an IRS like-kind exchange) <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Type of Transfer <input type="checkbox"/> Sale <input type="checkbox"/> Auction <input type="checkbox"/> Gift <input type="checkbox"/> Exchange <input type="checkbox"/> Foreclosure <input type="checkbox"/> Life Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Court Decree <input type="checkbox"/> Partition <input type="checkbox"/> Satisfaction of Contract <input type="checkbox"/> Other (explain)				

11 Ownership Transferred in Full? (if No, explain division) <input type="checkbox"/> YES <input type="checkbox"/> NO	12 Was real estate purchased for same use? (if No, state intended use) <input type="checkbox"/> YES <input type="checkbox"/> NO
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13 Was transfer between relatives, or if to a trustee, are the trustor and beneficiary relatives? (if Yes, check appropriate box)
 YES NO
 Spouse Parents and Child Family Corporation, Partnership or LLC
 Grandparents and Grandchild Brothers and Sisters Aunt or Uncle to Niece or Nephew Other

14 What is the current market value of the real property?	15 Was mortgage assumed? If Yes, state amount and interest rate. <input type="checkbox"/> YES <input type="checkbox"/> NO \$ %
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16 Does this conveyance divide a current parcel of land? <input type="checkbox"/> YES <input type="checkbox"/> NO	17 Was transfer through a real estate agent? (if Yes, name of agent) <input type="checkbox"/> YES <input type="checkbox"/> NO
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18 Address of Property	19 Name and Address of Person to Whom Tax Statement Should be Sent
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20 Legal Description

21 If agricultural, list total number of acres _____

22 Total purchase price, including any liabilities assumed	22	\$	
23 Was nonreal property included in purchase? <input type="checkbox"/> YES <input type="checkbox"/> NO (if Yes, enter amount and attach itemized list)	23	\$	
24 Adjusted purchase price paid for real estate (line 22 minus line 23)	24	\$	

Under penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete and correct, and that I am duly authorized to sign this statement.

25 **sign here** Print or Type Name of Grantee or Authorized Representative _____ Telephone Number _____
Signature of Grantee or Authorized Representative _____ Title _____ Date _____

REGISTER OF DEEDS' USE ONLY				FOR NDR USE ONLY
26 Date Deed Recorded Mo. ___ Day ___ Yr. ___	27 Value of Stamp or Exempt Number \$	28 Deed Book	29 Deed Page	30

