

REAL PROPERTY CERTIFICATE OF VALUE - ST CHARLES COUNTY, MISSOURI
NOTE: This form must be prepared by the Buyers or their representative

RECORDER'S OFFICE		
Book _____	Page _____	Date Recorded _____ Deed Type _____
TITLE COMPANY or Party Recording Deed _____		
		Phone # _____

ASSESSOR'S OFFICE	
Map Number _____	Reviewed by _____
_____	Date _____
_____	Code _____

ALL QUESTIONS MUST BE ANSWERED. Type or print all information

1. GRANTOR'S (Seller) Name _____
2. GRANTEE'S (Buyer) Name _____
3. ADDRESS OF PROPERTY _____
4. Mailing address if different from property _____
 _____ ZIP _____ PHONE () _____
5. Did this transaction involve any of the following conditions?
 - a. Did this transaction involve a political or governmental taxing jurisdiction, cemetery lot, mineral interest, court order, lease or easement? YES or NO
 If YES which: _____
 - b. Was the purpose of this transaction a correction deed, a release for deed of trust, or sale for delinquent taxes? YES or NO
 If YES which: _____
 - (If the answer to 5a or 5b is yes go to number 9)
 - c. A transaction between relatives or related businesses? YES or NO
 - d. A compulsory transaction in lieu of foreclosure, divorce, court order, probate? YES or NO
 - e. A transaction with one of the following types of deed: Quit Claim Deed, Trustee's Deed, Beneficiary Deed or Deed conveying less than the full fee simple interest in property? YES or NO

(If c, d, or e was answered yes, explain) _____

6. Full consideration (Total Sale Price)	\$ _____
Less Market Value of Personal Property included in Sale Price	\$ (_____)
Less Market Value of Handicapped Access Accommodations	\$ (_____)
Dollar amount of concessions paid by Seller	\$ _____

7. Intended Use: _____
8. If you believe this transaction does not represent market value, please attach any additional information you want the County Assessor to consider.
9. I certify under penalties of law that this statement has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement.

THE PENALTY FOR FAILURE TO FILE THIS FORM IS \$500 OR 1% OF THE SELLING PRICE WHICH EVER IS GREATER, PURSUANT TO ST. CHARLES COUNTY ORDINANCE No. 94-60.

_____ Date	_____ Signature of Grantee or his Representative
_____ Print name and position	