

STATE TAX COMMISSIONER OF WEST VIRGINIA SALES LISTING FORM

The Instrument May Not Be Recorded If This Form Is Not Completed In Its Entirety

West Virginia Code §§11-22-6, 11A-3-2 & 11A-3-3 (Amended 3-11-95)

Revised 4/10

County: _____ Taxing District: _____

Tax Map No.(s): _____ Parcel(s): _____

Tax Map No.(s): _____ Parcel(s): _____

Mineral ID #: _____

Mineral ID #: _____

Grantor's Name: _____ Phone No. () - _____

Grantee's Name: _____ Phone No. () - _____

Mailing Address of New Owner: _____

Mailing Address for Tax Statements: _____

Most Recent Previous Deed Book No.: _____ Page No.: _____

Grantor's Source of Title: _____

(If not by "Previous Deed" referenced above.)

(a) Real Estate: _____ (b) Other Valuable Goods/Services: (If Applicable) _____

Consideration/Value: \$ _____ \$ _____

Lot Size or Acreage Involved: _____

Estate(s) Transferred: _____

(Examples: Fee, Surface, Mineral, Coal, etc.)

- (1) Was this transaction on the open market? Yes / No (Circle One)
- (2) Does this transaction involve more than one parcel? Yes / No (Circle One)
- (3) Was this sale between related individuals or related corporations? Yes / No (Circle One)
- (4) Was this a liquidation, foreclosure or other "Forced" sale? Yes / No (Circle One)
- (5) Is this transaction pursuant to a land contract or owner financing? Yes / No (Circle One)
- (6) Does this transaction include personal property? Yes / No (Circle One)
- (7) Does this transaction include minerals and/or timber? Yes / No (Circle One)
- (8) Any other financing arrangements materially affecting consideration? Yes / No (Circle One)

If "No" to Question 1 or "Yes" to Questions 2 - 8 above, please explain below:

Explanation: _____

Printed Name _____ Signature _____ Phone Number _____

Filed By (check one): Buyer Seller Agent/Attorney Other

LIENHOLDER INFORMATION (OPTIONAL)

Check if change of name or address

Name: _____

Address for Notice: _____

INTEREST IN PROPERTY

_____ Surface Owner's Rights Deed Book: _____ Page No.: _____

_____ Fiduciary Interest Relationship to Owner: _____

_____ Lienholder Trust Deed Book No.: _____ Page No.: _____

_____ Other _____

To Be Completed By County Clerk:
Stamp Fee Paid:
Date Recorded:
New Deed Book No.:
New Deed Book Page No.:
Date of Transaction:

Sheriff's Use Only
Date Received:
Effective Dates of Lien:
Date Entered:
Entered By:
Tax Ticket No.:

RELEASE OF LIEN

COMPLETE THIS SECTION IF YOU ARE RELEASING THIS LIEN

Date Lien Is Released: _____

Signature of Lienholder: _____