



REAL PROPERTY CERTIFICATE OF VALUE

REMINDER: THE PENALTY FOR FAILURE TO FILE THIS FORM COMPLETED IN FULL IS \$500 OR 1% OF THE SELLING PRICE WHICH EVER IS GREATER, PURSUANT TO St. Charles County ORDINANCE SECTION 145.010

Line 6 if not applicable, \$0 should be entered.

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.

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Signature of Grantee or his Representative

Date

Print name and position

THIS CERTIFICATE TO BE FILED WITH DEED AT THE TIME OF RECORDING

For assistance in filing this form call the Assessor's Office 636-949-7444
 201 N Second Street - Room 211 St. Charles, MO 63301

White Copy-Assessor Yellow Copy-Buyers