## 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	(Amended 3-11-93)	Revised 8/12		
County:		Taxing District:			
		Parcel(s):			
		Parcel(s):			
	7.01				
tions of the state					
SECULO SECULO DE SECULO DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COM					
			NT-		
Most Recent Previous Deed	Book No.:	Page	No.:		
Grantor's Source of Title: _	(If not by "	Previous Deed" referenced above	ve )		
10	) Real Estate:	(h) Other	Valuable Goods/Services: (If Applicable)		
12.1	Š.				
_	ed:				
Estate(s) Transferred:	(Framnless F	Fee, Surface, Mineral, Coal, etc.	)		
(1) Was this transaction of		ce, outlace, minicial, coal, etc.	Yes / No (Circle One)		
		?	Yes / No (Circle One)		
<ul><li>(2) Does this transaction involve more than one parcel?</li><li>(3) Was this sale between related individuals or related corporations?</li></ul>			Yes / No (Circle One)		
	n, foreclosure or other "Forced		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 considerat			Yes / No (Circle One)		
(9) Is this a mineral sale		A The Landson	Yes / No (Circle One)		
	'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 INFO	RMATION (OPTION	AL)	Check if change of name or address		
Tudioss for Fronce.					
	INTED	EST IN PROPERTY			
C., C., O., 1			Page No.		
Surface Owner's Fiduciary Interes	s Kights Deed Book	ok; ————————————————————————————————————	Page No.:		
Lienholder	Trust De	ed Book No.:	Page No.:		
Other					
200 10					
To Be Completed By County Clerk:			Sheriff's Use Only		
According to the control of the cont	<b>V</b>		Date Received:		
Stamp Fee Paid:			Effective Dates of Lien:		
Stamp Fee Paid: Date Recorded:	No. of the last of		Date Entered:		
			Date Entered:		
Date Recorded:			Date Entered: Entered By: Tax Ticket No.:		

Date Lien Is Released: _			
Signature of Lienholder:		***	