



**INVENTORY OF PROPERTY TRANSFER**

**STEP 1 - PURCHASER(S)** Grantee (use new primary mailing address)

Entity Type - (Check One):  Individual  Joint  Partnership  Corporation  Trust  LLC  Holding Company

Original  
 Amended

Last Name / Entity

First Name



Last Name / Entity

First Name



Last Name / Entity

First Name



Street No.

Street Name

Apt / Unit

Phone Number





City

State

Zip Code + 4 (or Canadian Postal Code)




Email (optional)

**STEP 2 - SELLER(S)** Grantor (use new primary mailing address)

Entity Type - (Check One):  Individual  Joint  Partnership  Corporation  Trust  LLC  Holding Company

Last Name / Entity

First Name



Last Name / Entity

First Name



Last Name / Entity

First Name



Street No.

Street Name

Apt / Unit

Phone Number





City

State

Zip Code + 4 (or Canadian Postal Code)




Email (optional)

**STEP 3 - REAL ESTATE**

Municipality

County



Street No.

Street Name (If applicable)

Apt / Unit





**INVENTORY OF PROPERTY TRANSFER**

**STEP 6 - PREPARER**

Entity

Last Name  First Name

Street No.  Street Name  Apt / Unit  Phone Number

City  State  Zip Code + 4 (or Canadian Postal Code)

Email (optional)



**INVENTORY OF PROPERTY TRANSFER  
 SIGNATURE PAGE**

**STEP 7 - SIGNATURES**

**Power of Attorney (POA):** By checking this box and signing below, you authorize the preparer listed on this document to act on your behalf for this document only, including entering the book and page numbers and filing this document electronically.

**TAXPAYER'S SIGNATURE & INFORMATION** (Purchaser's Signature is Required)

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.

Purchaser's Signature

MMDYYYY

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Purchaser's Printed Name

Purchaser 2 Signature

MMDYYYY

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Purchaser 2 Printed Name

Purchaser 3 Signature

MMDYYYY

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Purchaser 3 Printed Name

**PREPARER'S SIGNATURE & INFORMATION** (If prepared by someone other than the Purchaser)

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)

Preparer's Signature (if other than taxpayer)

MMDYYYY

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Preparer's Printed Name (required if POA box is checked)