

Form: PT 56

COURTHOUSE USE ONLY	
BOOK PAGE	RATIO CARD

CERTIFICATE OF REAL ESTATE VALUE
SDCL 7-9-7 ARSD 64:04:01:06.01

Certificate of Real Estate Value form must be filed with any deed or contract for deed dated after July 1, 1988 used in the purchase, exchange, transfer or assignment of interest in real property.

- This form is required for all deeds (warranty deed, quit claim deed, grantor's deed, sheriff's deed, trustee's deed, mineral deed and similar instruments). It is also required for a contract for deed, a memorandum of a contract for deed, addenda to contract for deed, and notice of contract for deed. **NOT NEEDED FOR:** Divorce Decree, Probate Decree, Easement, Transfer on Death Deed, or instruments to the State of South Dakota conveying highway right-of-way (SDCL 7-9-7.3)
- **The buyer/grantee must use a mailing address. It will be used for tax notices.**
- **The box labeled Owner Occupied is important!** – Applies to sales, gifts, estate distributions, and any other transfer to a person (the grantee) who will occupy the property as a principal residence. It will allow the grantee, if eligible, to maintain the classification of owner-occupied on the property and receive the lower property tax rate for the property. If the box is completed, it **must be completed by and contain the grantee signature only**. In the event of multiple grantees, only one grantee should sign. This box cannot be signed by an agent of the grantee.

APPLICANT INFORMATION *Designates required fields

SELLER(S)/GRANTOR(S)* CITY OF DEADWOOD		PHONE NUMBER* (605) 920-1192	EMAIL
MAILING ADDRESS* 102 SHERMAN ST	CITY* DEADWOOD	STATE* SD	ZIP CODE* 57732
BUYER(S)/GRANTEE(S)* PATRICK L. MOLLMAN & RHONDA MOLLMAN		PHONE NUMBER* 605-578-1857	EMAIL
MAILING ADDRESS* 171 CHARLES ST	CITY* DEADWOOD	STATE* SD	ZIP CODE* 57732
NEW MAILING ADDRESS (if changed)	CITY	STATE	ZIP CODE
LEGAL DESCRIPTION* (copy description from document you are recording or attach an exhibit with the legal description) LOTS MK8 AND MK9 OF THE MICKELSON TRAIL; BEING PORTIONS OF SCHOOL LOTS 23 AND 24, M.S 207 AND LOTS 1 AND 2, BLOCK 79, O.T. DEADWOOD; ALL LOCATED IN THE CITY OF DEADWOOD, LAWRENCE COUNTY, SOUTH DAKOTA			

INSTRUMENT INFORMATION (document being recorded) *This section is required in full

DATE OF INSTRUMENT	CONTRACT FOR DEED	<input type="checkbox"/>	QUIT CLAIM DEED	<input type="checkbox"/>	EXECUTOR'S DEED	<input type="checkbox"/>
	WARRANTY DEED	<input checked="" type="checkbox"/>	MINERAL DEED	<input type="checkbox"/>	TRUSTEE'S DEED	<input type="checkbox"/>
DATE	OTHER <input type="checkbox"/> SPECIFY: _____					
DOES THE INSTRUMENT CHANGE WHO IS RESPONSIBLE FOR PAYMENT OF REAL ESTATE TAXES?						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<ul style="list-style-type: none"> • WAS THIS PROPERTY OFFERED FOR SALE TO THE GENERAL PUBLIC? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> • RELATIONSHIP BETWEEN GRANTEE AND GRANTOR NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> STATE RELATIONSHIP: 	<ul style="list-style-type: none"> • ACTUAL CONSIDERATION EXCHANGED: \$ 10 _____ • ADJUSTED PRICE PAID FOR REAL ESTATE \$ _____
• WAS THIS PROPERTY SOLD BY: OWNER <input checked="" type="checkbox"/> AGENT <input type="checkbox"/> (actual consideration less amount paid for major items of personal property as listed below)	
List any major items of personal property and their value which were included in the total purchase price (i.e. furniture, inventory, crops, leases, franchises):	
IF TRANSACTION WAS A SALE, WAS THE SELLER PAID IN FULL BY OR AT THE TIME OF THE SALE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
• IF NO, HOW WILL THE SELLER BE PAID THE UNPAID BALANCE?	
INTEREST RATE: _____ % PAYMENT FREQUENCY: MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/> DOWN PAYMENT: \$ _____ NO. OF PAYMENTS: _____ BALLOON PAYMENT (if any): \$ _____	

BY SIGNING THIS DOCUMENT, I CERTIFY THAT I AM AUTHORIZED TO SIGN AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE (Seller, Buyer, or Agent)*	TITLE	DATE*
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OWNER-OCCUPIED (this box to be completed by one Grantee only)

PROPERTY IS CURRENTLY CLASSIFIED AS OWNER-OCCUPIED	YES <input type="checkbox"/> NO <input type="checkbox"/>	COUNTY: _____
I WILL OCCUPY THIS PROPERTY ON _____ DATE		These items are important to complete for property to continue to be classified as owner occupied for a lower property tax rate.
PROPERTY WILL BE MY PRINCIPLE RESIDENCE ON THE ABOVE STATED DATE	YES <input type="checkbox"/> NO <input type="checkbox"/>	
I OWN ANOTHER RESIDENTIAL PROPERTY IN THE UNITED STATES	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES- _____ CITY _____ STATE
GRANTEE SIGNATURE	DATE	

DIRECTOR OF EQUALIZATION OFFICE USE ONLY FOR OWNER OCCUPIED SECTION

GRANTEE OF PROPERTY NAME: _____

THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS:

APPROVED DENIED ACKNOWLEDGE RECEIPT: Your request will be reviewed

REASON FOR DENIAL: _____

DIRECTOR OF EQUALIZATION OFFICE SIGNATURE

DATE