

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)*		PHONE NUMBER*	EMAIL
MAILING ADDRESS*	CITY*	STATE*	ZIP CODE*
2105 South 87th St.	Omaha	NE	68124
BUYER(S)/GRANTEE(S)*		PHONE NUMBER*	EMAIL
City of Deadwood			
MAILING ADDRESS*	CITY*	STATE*	ZIP CODE*
102 Sherman Street	Deadwood	SD	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)			
PLOT OF LOT 7A OF HIGHLAND ADDITION TO THE CITY OF DEADWOOD, LAWRENCE COUNTY, SOUTH DAKOTA FORMERLY A PORTION LOT 6 AND 7 OF HIGHLAND ADDITION LOCATED IN THE NW1/4 OF SECTION 26, T5N, R3E, B.H.M.			

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

DATE OF INSTRUMENT	CONTRACT FOR DEED <input type="checkbox"/>	QUIT CLAIM DEED <input checked="" type="checkbox"/>	EXECUTOR’S DEED <input type="checkbox"/>
TYPE OF INSTRUMENT:	WARRANTY DEED <input type="checkbox"/>	MINERAL DEED <input type="checkbox"/>	TRUSTEE’S DEED <input type="checkbox"/>
	OTHER <input type="checkbox"/> SPECIFY: _____		
DATE	DOES THE INSTRUMENT CHANGE WHO IS RESPONSIBLE FOR PAYMENT OF REAL ESTATE TAXES? YES <input 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 type="checkbox"/> • RELATIONSHIP BETWEEN GRANTEE AND GRANTOR NO <input type="checkbox"/> YES <input type="checkbox"/> STATE RELATIONSHIP: _____ 	<ul style="list-style-type: none"> • ACTUAL CONSIDERATION EXCHANGED: \$0 _____ • ADJUSTED PRICE PAID FOR REAL ESTATE \$0 _____
<ul style="list-style-type: none"> • 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 type="checkbox"/> NO <input type="checkbox"/>	
<ul style="list-style-type: none"> • IF NO, HOW WILL THE SELLER BE PAID THE UNPAID BALANCE? _____ DOWN PAYMENT: \$ _____ 	
INTEREST RATE: _____%	PAYMENT FREQUENCY MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>
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:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> ACKNOWLEDGE RECEIPT: Your request will be reviewed _____	
REASON FOR DENIAL	
DIRECTOR OF EQUALIZATION OFFICE SIGNATURE	DATE