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## **SALES VERIFICATION FORM**

**TY 27** 

| OWNER NAME(S): MAILING ADDRESS: CITY, STATE ZIP:  |
|---|
| DATE: PARCEL ID: PROPERTY ADDRESS:  |
| Occupancy: <b>Owner Non-</b> Owner/Vacant <b>Immediate*</b> Family Member *State code has defined immediate family member as: spouse, child, sibling, parent, grandparent, grandchild, stepparents, stepchildren, stepsiblings, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, and adoptive relationships. |
| Mailing Address Telephone Number  |
| 1. Was the property advertised on the open market? Yes No If no, was it a direct sale from seller to buyer?   |
| 2. Does the property include a dwelling and/or building? Yes No (If yes, mark accordingly.) House Mobile Home Other   |
| 3. Did this sale include more than one parcel? Yes No   |
| 4. Did this sale include personal property? (Ex. furniture or equipment) Yes No If yes, describe and list estimated value   |
| 5. Was this sale between related individuals or corporations? Yes No  If yes, please describe relationship  |
| 6. Was this a liquidation or forced sale? Yes No If yes, please explain.  |
| 7. Were there any special financing arrangements? (Ex. HUD, or land contract) Yes No If yes, please specify type  |
| 8. Were any changes made to this property after the sale? Yes No If yes, please describe  |
| Property Owner Signature  |