

# REAL PROPERTY CERTIFICATE OF VALUE - JACKSON COUNTY, MISSOURI

(REQUIRED TO BE FILED WITH DEED AT TIME OF RECORDING)

Please type or print all information. This form must be prepared by the Buyer or his/her Representative.

Grantor's (Seller) Name: \_\_\_\_\_  
\_\_\_\_\_

Grantee's (Buyer) Name: \_\_\_\_\_  
\_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Grantee's address, if different from above: \_\_\_\_\_  
\_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

FOR OFFICE USE ONLY  
DO NOT WRITE IN THIS SPACE

1. Is this newly constructed residential property?  YES Date occupied: \_\_\_/\_\_\_/\_\_\_\_  NO
2. Is this vacant land?  YES  NO
3. Intended use of property: Present Use  Renovation  New Development / Construction   
Other  \_\_\_\_\_
4.  Check if the transaction transfers property in any of the following ways:

- |  |  |
|--|--|
| <input type="checkbox"/> sale for delinquent taxes   | <input type="checkbox"/> by deed pursuant to merger, consolidation, sale or transfer of substantially all of the assets of a corporation.                                    |
| <input type="checkbox"/> sale of cemetery lot  | <input type="checkbox"/> by deed as a part of the contribution to the capital of a corporation, partnership, limited liability company, or other similar entity.             |
| <input type="checkbox"/> lease or transfer of severed mineral interests  | <input type="checkbox"/> by deed executed by personal representative to convey to devisees or heirs property passing by testate or intestate succession                      |
| <input type="checkbox"/> by order of any court   | <input type="checkbox"/> by deed which conveys property held in name of any partnership, not a family, to any partner or his or her spouse.                                  |
| <input type="checkbox"/> by executory contract for deed  | <input type="checkbox"/> by deed which is a gift of property.  |
| <input type="checkbox"/> by lease or easement  | <input type="checkbox"/> by deed between family members, or to or from a family corporation, partnership, or trust for the benefit of a family member, for no consideration. |
| <input type="checkbox"/> to or from the United States, the State of Missouri, or any agency, or political subdivision thereof.                           |  |
| <input type="checkbox"/> for purpose of confirming, correcting, modifying, or supplementing a previously recorded deed, without additional consideration |  |
| <input type="checkbox"/> solely for the purpose of releasing security for a debt or other obligation   |  |
| <input type="checkbox"/> by deed of partition  |  |
| <input type="checkbox"/> by deed where no money or other valuable consideration is given for the transfer.   |  |

IF ANY OF THE ABOVE ITEMS IN THE SHADED BOX ARE CHECKED, PLEASE PROCEED TO #11 BELOW

5. Total Sales Price (including all assumed mortgages and liens): \$ \_\_\_\_\_  
Points were paid by:  SELLER  BUYER  NONE
6. Was there new financing?  YES  NO Did financing concessions affect sales price?  YES  NO
7. Is this deed part of a trade?  YES  NO
8. Was any personal property included in the sale price? (For example: furniture, equipment, machinery, livestock, crops, business franchise or inventory... etc.)  YES  NO  
Please describe: \_\_\_\_\_
9. Was this transaction at arm's length?  YES  NO  
(An arm's length transaction is one between unrelated parties under no duress.)
10. If you believe this transaction does not represent market value, please attach any additional information that you want the county assessor to consider.
11. I certify, under penalties of law, that this statement has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete statement.

ANY PERSON WHO FAILS TO FILE A COMPLETED CERTIFICATE OF VALUE WHEN REQUIRED BY LAW, OR WHO KNOWINGLY FILES A FALSE CERTIFICATE, MAY BE PUNISHED BY A FINE OF UP TO \$1,000.

For assistance in filing this form,  
Call the Assessor's Office at (816) 881-3530  
415 E. 12<sup>th</sup> St., Suite 100M  
Kansas City, MO 64106-2752

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Grantee/Representative

\_\_\_\_\_  
Print Name and Position