

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 of 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

SELLER(S)/GRANTOR(S)		PHONE NUMBER	EMAIL
MAILING ADDRESS	CITY	STATE	ZIP CODE
BUYER(S)/GRANTEE(S)		PHONE NUMBER	EMAIL
MAILING ADDRESS	CITY	STATE	ZIP CODE
NEW MAILING ADDRESS (if changed)	CITY	STATE	ZIP CODE
LEGAL DESCRIPTION (copy description from document you are recording or attach a copy of document)			

OWNER-OCCUPIED (this box to be completed by one Grantee only)

PROPERTY IS CURRENTLY CLASSIFIED AS OWNER-OCCUPIED	YES () NO ()	COUNTY _____
I WILL OCCUPY THIS PROPERTY ON _____		These items are important to complete for property to continue to be classified as owner occupied for a lower property tax rate.
DATE		
PROPERTY WILL BE MY PRINCIPAL RESIDENCE ON THE ABOVE STATED DATE	YES () NO ()	
I OWN ANOTHER RESIDENTIAL PROPERTY IN THE UNITED STATES	YES () NO ()	IF YES – _____
		CITY STATE
GRANTEE SIGNATURE	DATE	

INSTRUMENT INFORMATION (document being recorded)

DATE OF INSTRUMENT _____ DATE	CONTRACT FOR DEED (<input type="checkbox"/>) QUIT CLAIM DEED (<input type="checkbox"/>) EXECUTOR'S DEED (<input type="checkbox"/>) WARRANTY DEED (<input type="checkbox"/>) MINERAL DEED (<input type="checkbox"/>) TRUSTEE'S DEED (<input type="checkbox"/>) OTHER (<input type="checkbox"/>) – SPECIFY: _____
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: _____ • WAS THIS PROPERTY SOLD BY: OWNER (<input type="checkbox"/>) AGENT (<input type="checkbox"/>) 	<ul style="list-style-type: none"> • ACTUAL CONSIDERATION EXCHANGED \$ _____ • ADJUSTED PRICE PAID FOR REAL ESTATE \$ _____ (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 REQUENCY: 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
-------------------------------------	-------	------

COURTHOUSE USE ONLY

BUYER OF PROPERTY NAME: _____

BOOK _____ PAGE _____

RATIO CARD NUMBER _____

THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS:
 APPROVED () DENIED ()

REASON FOR DENIAL

SIGNATURE	DATE
-----------	------