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RETTD

DLN: 0020540176823

MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

36 M.R.S. §§ 4641-4641N

 Registry
 YORK

 Date Recorded
 10/01/2005

 Time Recorded
 12:00:00 AM

 Transfer Tax Amount
 \$0.00

 Document Number
 0

YORK 1. County						Document Number 0			
2. Municipality/Township					ļ	Page	576		
3. GRANTEE/						OOK/PAGE—REG	ISTRY USE ONLY		
PURCHASER	BELL CLAY	YTON TODD							
	3a) Name (LAST)		(FIRST)		(MI)	3b) SSN or Feder	al ID		
	BELL AMY CLARK						<u> </u>		
	3c) Name (LAST) (FIRST) (MI)						al ID		
	19 WEST ELM STREET								
	3e) Mailing Address aft	er purchase of this pro	perty			–	–		
	<u> </u>					ME	04073		
4. GRANTOR/	3f) City					3g) State	3h) ZIP Code		
SELLER		ELEANOR I							
	4a) Name (LAST)		(FIRST)		(MI)	4b) SSN or Feder	alID		
						<u> </u>			
	4c) Name (LAST)		(FIRST)		(MI)	4d) SSN or Feder	al ID		
	180 GRAMMAR ROAD 4e) Mailing Address								
							0.4072		
	SANFORD 4f) City					ME 4g) Sta	04073 4h) ZIP Co	do	
5. PROPERTY		—		5	b) Type of property—Ente			ue	
·	9 0 26 describes the property being Check any that apply:						tions)—» ()		
	5a) Map	Block	Lot Sub-L	ot	No tax maps exist	<u> </u>			
	Multiple parcels Portion of parcel								
c Townstep To	5c) Physical Location			·	1 roradir or pareer	5d) Acreage			
6. TRANSFER TA	6a) Purchase I	Price (If the transfe	er is a gift, enter "0")		6a \$0			00.	
6b) Fair Market Value (enter a value only if you entered "0" in 6a) or								i 👡	
	if 6a) was of n	ominal value)			_{6b} \$0		<u> </u>	00.	
	6c) Exemption	claim – Check 1	the box if either grantor o	or grantee is cla	iming exemption from	n transfer tax and	explain.		
	•								
7. DATE OF TRA	NSFER (MM-DD-YYY)		G TO BUYER-If the prope	rty is classified	as Farmland, Open Spa	ace, Tree Growth,	or Working Wate	r-	
07	11 2005	front a subs	tantial financial penalty o	ould be trigge	red by development, s	ubdivision, partii			
MONTH CIPC	DAY YEAR UMSTANCES—Were t	hara any spacial sire)	10 INCOMET	AX WITHHELD – Buyer	(-)	X CLASSI		
In the transfer w	hich suggest that the	price paid was eithe	r more or less	TO, INCOMIC I		(s) not required the tax because:	o withhold iylaine	3	
than its fair mar	ket value? If yes, check	the box and explain	: X		X Seller has quali				
							n the State Tax As: s less than \$50,00		
					Foreclosure Sal				
11. OATH	Aware of penalties as set forth by 36 M.R.S. § 4641-K, we hereby swear or affirm that we have each our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized								
	Grantee BELL CLAYTON TODD Date 07/11/2005 Grantor WILLIAMS ELF						Date07/11/		
		AMY CLARK	Date 07/11/20		**************************************		Date Date	<u> </u>	
12. PREPARER	Name of Preparer	CONVERSION			Phone Number <u>(207</u>		- Dutc		
	Mailing Address	14 EDISON DR			E-Mail Address <u>RET</u>		AAINE,GOV		
	<u>-</u>	AUGUSTA, ME	04330		Fax Number				
		hattan (day a service or	to a secondoral second						