PLEASE TYPE OR PRESS FIRMLY WHEN WRITING ON FORM.
INSTRUCTIONS: http://www.orps.state.ny.us or PHONE (518) 474-6450

FOR COUNTY USE ONLY

C1. SWIS Code: See Attached

C2. Date Deed Recorded: 4 / 5 / 11 (Month / Day / Year) AM

C3. Book: 1560,49 C4. Page: 20011

REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK

STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217

RP-5217 Rev 3/97

PROPERTY INFORMATION

1. **Property Location**: See schedule A attached (STREET NUMBER / STREET NAME)
(See Schedule A) (CITY OR TOWN / VILLAGE / ZIP CODE)

2. **Buyer Name**: County of Cattaraugus (LAST NAME / COMPANY / FIRST NAME)
(LAST NAME / COMPANY / FIRST NAME)

3. **Tax Billing Address**: Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)
(LAST NAME / COMPANY / FIRST NAME)
(STREET NUMBER AND STREET NAME / CITY OR TOWN / STATE / ZIP CODE)

4. **Indicate the number of Assessment Roll parcels transferred on the deed**: ____ # of Parcels **OR** ☐ Part of a Parcel

5. **Deed Property Size**: ____ (FRONT FEET) X ____ (DEPTH) **OR** ____ (ACRES)

6. **Seller Name**: County Treasurer (LAST NAME / COMPANY / FIRST NAME)
(LAST NAME / COMPANY / FIRST NAME)

(Only if Part of a Parcel) Check as they apply:

4A. Planning Board with Subdivision Authority Exists ☐

4B. Subdivision Approval was Required for Transfer ☐

4C. Parcel Approved for Subdivision with Map Provided ☐

7. **Check the box below which most accurately describes the use of the property at the time of sale:**

A ☐	One Family Residential	E ☐	Agricultural	I ☐	Community Service
B ☐	2 or 3 Family Residential	F ☐	Commercial	J ☐	Industrial
C ☐	Residential Vacant Land	G ☐	Apartment	K ☐	Public Service
D ☐	Non-Residential Vacant Land	H ☐	Entertainment / Amusement	L ☐	Forest

Check the boxes below as they apply:

8. Ownership Type is Condominium ☐

9. New Construction on Vacant Land ☐

10A. Property Located within an Agricultural District ☐

10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

SALE INFORMATION

11. **Sale Contract Date**: ____ / ____ / ____ (Month / Day / Year)

12. **Date of Sale / Transfer**: 4 / 4 / 2011 (Month / Day / Year)

13. **Full Sale Price**: 0.00

(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) *Please round to the nearest whole dollar amount.*

14. **Indicate the value of personal property included in the sale**: 0.00

15. Check one or more of these conditions as applicable to transfer:

A	☐	Sale Between Relatives or Former Relatives
B	☐	Sale Between Related Companies or Partners in Business
C	☐	One of the Buyers is also a Seller
D	☒	Buyer or Seller is Government Agency or Lending Institution
E	☐	Deed Type **not** Warranty or Bargain and Sale (Specify Below)
F	☐	Sale of Fractional or Less than Fee Interest (Specify Below)
G	☐	Significant Change in Property Between Taxable Status and Sale Dates
H	☐	Sale of Business is Included in Sale Price
I	☒	Other Unusual Factors Affecting Sale Price (Specify Below)
J	☐	None

tax foreclosure

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. **Year of Assessment Roll from which information taken**: 10

17. **Total Assessed Value (of all parcels in transfer)**: ____

18. **Property Class**: ____ - ____

19. **School District Name**: ____

20. **Tax Map Identifier(s) / Roll Identifier(s) (If more than four, attach sheet with additional identifier(s))**

See schedule A attached

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

BUYER

County of Cattaraugus

BUYER SIGNATURE — DATE: 3/29/2011

303 (STREET NUMBER) Court St. (STREET NAME (AFTER SALE))

Little Valley (CITY OR TOWN) NY (STATE) 14755 (ZIP CODE)

SELLER

SELLER SIGNATURE — DATE: 4/4/11

BUYER'S ATTORNEY

LAST NAME / FIRST NAME

AREA CODE / TELEPHONE NUMBER

COUNTY DIRECTOR COPY