FORM: PT 56

CERTIFICATE OF REAL ESTATE VALUE

SDCL 7-9-7 ARSD 64:04:01:06.01

COURTHOUSE USE ONLY	
BOOK PAGE	RATIO CARD

APPLICANT INFORMATION *Designates required field

GRANTOR(S)/ SELLER(S) NAME *	PHONE NUMBER *	EMAIL
City of Huron	(605) _____	

MAILING ADDRESS *	CITY *	STATE *	ZIP CODE *
239 Wisconsin Avenue SW	Huron	SD	57350

GRANTEE(S)/ BUYER(S) NAME *	PHONE NUMBER *	EMAIL
Greater Huron Development Corporation	(605) 280-0474	

MAILING ADDRESS *	CITY *	STATE *	ZIP CODE *
1705 Dakota Avenue S	Huron	SD	57350
NEW MAILING ADDRESS (if changed)	CITY *	STATE*	ZIP CODE *

PARCEL NUMBER(S)	TOTAL ACRES FOR UNPLATTED PROPERTY*
	UNKNOWN

LEGAL DESCRIPTION * (Attach an exhibit with the legal description or copy description from document you are recording)

Lot Four (4), Block Four (4), Southtown 3rd Addition
to the City of Huron, Beadle County, South Dakota.

Instrument Information (legal document being recorded) ***All fields required***

_____ Document Date

Type of Document:

_____Contract for Deed __X__Quit Claim Deed _____Executor's Deed

_____Warranty Deed _____Mineral Deed _____Trustee's Deed

_____Other-Specify:_____

Items Involved in Transaction

- Was this property offered for sale to the public? YES ____ NO_____
- Was this transaction a like- kind exchange? YES_____ NO__X__
- Is there a relationship between grantee and grantor? YES____ NO X State Relationship:_____
- Who was the property sold by: OWNER____ AGENT____.
- Adjusted price paid for real estate $ __EXEMPT_____ **Actual price minus amount paid for major items of personal property, as listed below.**
- Actual price Exchanged $_____

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)_____

Terms of Sale ***All fields required***

- If transaction was a sale, was the seller paid in full by or at the time of the sale? YES_____ NO_____
- List terms of payment if other than payment in full at the time of sale:_____

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

_____

OWNER-OCCUPIED (this box to be completed by one Grantee/Buyer only) ***All fields required ***

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.

- I will own this property on this date: _____, and this will be my principal residence on this date: _____.
- My parent(s) live(s) at this property. YES _____ NO_____
- My adult child with a disability lives at this property. YES _____ NO_____
- I own other residential property in South Dakota. YES_____ NO _____If yes, list county, _____.

_____

GRANTEE/BUYER SIGNATURE DATE

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.

This form is NOT NEEDED for: Divorce Decree, Probate Decree, Easement, Transfer on 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.