ASSESSOR'S OFFICE
Brenda Cummings, CMA
Assessor (207) 443-8336
bcummings@cityofbath.com

REAL ESTATE SALE VERIFICATION SURVEY

We have been notified of the sale/transfer of the property listed below. In order to verify the sales information and current condition of any buildings, we ask that you please answer the following survey questions and return to the Assessor's Office. Use extra paper or feel free to email/call us if needed. This form may also be completed and submitted via postal mail if you prefer..

PARCEL MAP/LOT *(if known):* _____ LOCATION: _____

SALE PRICE: $_____ SALE DATE: _____

1) Did you purchase this property through a real estate agent? ☐Yes ☐No If not, from whom (i.e., estate, bank, mortgage company, family, developer, etc.)? _____

2) Is the above sale price the amount you paid for this property? ☐Yes ☐No If no, price paid: $_____

3) How much did the seller contribute to the closing costs, if any? ☐ No seller contribution. ☐ $_____

4) What items of personal property, such as appliances, were included in the sale, if any? ☐ None

☐ (describe items) _____

5) Did you obtain financing or pay cash for the property? ☐ Bank finance ☐ Other finance ☐ Cash purchase

6) Did the seller assume part of the mortgage? ☐Yes ☐No

Did you assume a pre-existing mortgage? ☐Yes ☐No

7) Do you feel the seller was motivated to sell due to unusual circumstances, such as ☐ death in the family, ☐ foreclosure, ☐ bankruptcy, ☐ divorce, ☐ loss of income or other reason? ☐ Yes ☐ No
Please check box above or describe other reason):

_____

8) How long was the property on the market before you purchased it? _____

9) How many properties did you look at in Bath before you chose this one? _____

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10) What were the deciding factors in your choice of this property? _____

_____

_____

11) Do you think you paid what the property was worth at the time? ☐ Yes ☐ No

If not, why not? _____

_____

12) What was the condition of the property at the time of the sale? _____

Was a property inspection completed as a condition of sale? ☐ Yes ☐ No.

13) Did the property need any immediate repairs? ☐ Yes ☐ No.

If yes, please describe _____

_____

Was there a negotiated price reduction for these repairs? ☐ Yes ☐ No. If yes, $ _____

Did the seller complete required repairs? ☐ Yes ☐ No. If yes, estimated cost of repairs $ _____

14) Did you plan any renovations or new construction at the time of the purchase? ☐ Yes ☐ No

If so, what were they? _____

Estimated renovation costs since purchase? _____

15) Please check the box if your property has any of the following features: ☐ Solar panels ☐ Wood stove ☐ Gas fireplace ☐ heat pumps (air) ☐ heat pumps (geothermal) ☐ generator ☐ LEED certification.

If any are checked, were these items a factor in your consideration of whether to purchase the property?

☐ Yes ☐ No Comments: _____

Name (Print): _____

Signature: _____

Phone: _____

Date: _____

Mailing Address to Use for Tax Bills

Please return to:

Assessor's Office, City of Bath, 55 Front Street, Bath, ME 04530.

If you have any questions, please call the Assessor's office at 443-8336 or email *bcummings@cityofbath.com.*