MAINE REVENUE SERVICES

ASSIGNED RIGHTS TO A FORECLOSED PROPERTY TRANSFER TAX AFFIDAVITT

For Registry Use Only

This form must be used for the assignment of rights in connection with a title to a foreclosed property .
Do not use this form for transfers of real property by deed. FILE THIS RETURN WITH THE COUNTY REGISTRY OF DEEDS
Title 36, M.R.S.A. Sections 4641-B

1. ASSIGNOR	**2. ASSIGNEE**
Name	Name
Address	Address
City	City
State Zip	State Zip
Federal ID Number	Federal ID Number

3. Address of property being assigned in connection with a title to a foreclosed property:	**Preparer of this document**
Address	Name
	Firm
City State	Full Address
Zip Date of Transfer	Telephone
	Fax

4. REAL PROPERTY VALUES: (Attach extra sheet as necessary)

Describe each parcel located in this county according to its tax jurisdiction and include the value attributed to real property listed in Block 3 whose ownership was assigned. In the space { } that precedes the value dollar sign $, enter the letter which best describes the source of value.

Choose from the following letters: C = CONSIDERATION P = PURCHASE PRICE ALLOCATION A = APPRAISAL O = OTHER _____

Municipality	Map	Lot	Value
			{ }$
			{ }$
			{ }$
			{ }$
			{ }$
Transfer Tax based on total value of real property interest in this County			$

WARNING TO BUYER!

If the property is classified as Farmland, Open Space or Tree Growth, a substantial financial penatly could be triggered by development, subdivision, partition, or change in use of the property.

___ Classified __ Not Classified

5. EXEMPTION: Explain basis for claiming exemption from transfer tax.

6. AFFIDAVIT	**AFFIDAVIT**
I certify under penalty of perjury under the laws of the state of Maine that the information on this return is true and correct.	I certify under penalty of perjury under the laws of the state of Maine that the information on this return is true and correct.
Assignor/Agent	Assignee/Agent
Name (print)	Name (print)
Date & Place of Signing	Date & Place of Signing
Telephone Number (____)	Telephone Number (____)