State of Maryland Land Instrument Intake Sheet

❑ **Baltimore City** ❑ **County:**_____

Information provided is for the use of the Clerk's Office, State Department of Assessments and Taxation, and County Finance Office Only.

(Type or Print in Black Ink Only—All Copies Must Be Legible)

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1 Type(s) of Instruments (☐ Check Box if addendum Intake Form is Attached.)

☐ Deed / ☐ Deed of Trust	☐ Mortgage / ☐ Lease	☐ Other _____	☐ Other _____

2 Conveyance Type Check Box

☐ Improved Sale Arms-Length *[1]*	☐ Unimproved Sale Arms-Length *[2]*	☐ Multiple Accounts Arms-Length *[3]*	☐ Not an Arms-Length Sale *[9]*

3 Tax Exemptions (if applicable) Cite or Explain Authority

Recordation	
State Transfer	
County Transfer	

4 Consideration and Tax Calculations

Consideration Amount	
Purchase Price/Consideration	$
Any New Mortgage	$
Balance of Existing Mortgage	$
Other:	$
Other:	$
Full Cash Value:	$

Finance Office Use Only Transfer and Recordation Tax Consideration	
Transfer Tax Consideration	$
X ( ) % =	$
Less Exemption Amount −	$
Total Transfer Tax =	$
Recordation Tax Consideration	$
X ( ) per $500 =	$
TOTAL DUE	$

5 Fees

Amount of Fees	**Doc. 1**	**Doc. 2**
Recording Charge	$	$
Surcharge	$	$
State Recordation Tax	$	$
State Transfer Tax	$	$
County Transfer Tax	$	$
Other	$	$
Other	$	$

Agent:

Tax Bill:

C.B. Credit:

Ag. Tax/Other:

6 Description of Property

SDAT requires submission of all applicable information. A maximum of 40 characters will be indexed in accordance with the priority cited in Real Property Article Section 3-104(g)(3)(i).

District	**Property Tax ID No. (1)**	**Grantor Liber/Folio**	**Map**	**Parcel No.**	**Var. LOG**
					☐ **(5)**

Subdivision Name	**Lot (3a)**	**Block (3b)**	**Sect/AR (3c)**	**Plat Ref.**	**SqFt/Acreage (4)**

Location/Address of Property Being Conveyed (2)

Other Property Identifiers (if applicable)	**Water Meter Account No.**

Residential ☐ **or Non-Residential** ☐ | **Fee Simple** ☐ **or Ground Rent** ☐ **Amount:**

Partial Conveyance? ☐ **Yes** ☐ **No** | Description/Amt. of SqFt/Acreage Transferred:

If Partial Conveyance, List Improvements Conveyed:

7 Transferred From

Doc. 1 – Grantor(s) Name(s)	**Doc. 2 – Grantor(s) Name(s)**
Doc. 1 – Owner(s) of Record, if Different from Grantor(s)	**Doc. 2 – Owner(s) of Record, if Different from Grantor(s)**

8 Transferred To

Doc. 1 – Grantee(s) Name(s)	**Doc. 2 – Grantee(s) Name(s)**

New Owner's (Grantee) Mailing Address

9 Other Names to Be Indexed

Doc. 1 – Additional Names to be Indexed (Optional)	**Doc. 2 – Additional Names to be Indexed (Optional)**

10 Contact/Mail Information

Instruction Submitted By or Contact Person	
Name:	☐ Return to Contact Person
Firm	☐ Hold for Pickup
Address:	
Phone: ( )	☐ Return Address Provided

11 Assessment Information

IMPORTANT: *BOTH* THE ORIGINAL DEED *AND* A PHOTOCOPY MUST ACCOMPANY EACH TRANSFER

☐ Yes ☐ No Will the property being conveyed be the grantee's principal residence?

☐ Yes ☐ No Does transfer include personal property? If yes, identify: _____

☐ Yes ☐ No Was property surveyed? If yes, attach copy of survey (if recorded, no copy required).

Space Reserved for County Validation

Assessment Use Only – Do Not Write Below This Line

Terminal Verification . Agricultural Verification . Whole . Part . Tran. Process Verification

Transfer Number Date Received: Deed Reference: Assigned Property No.:

Year	20	20	Geo.	Map	Sub	Block
Land			Zoning	Grid	Plat	Lot
Buildings			Use	Parcel	Section	Occ. Cd.
Total			Town Cd.	Ex. St.	Ex. Cd.	

REMARKS: