



Residential Sales Verification

MONTANA
Form AB-60R
3-04

Geocode
Assessor Code
Property Address

Legal Description:
Subd/Blk/Lot
Sec/Twp/Rge

Sale Mo/Year
Nbhd-Code

The Department of Revenue shares Montana taxpayers' concerns about fair and equitable valuation of all property statewide. An important component of determining accurate market values is an analysis of property sales. This practice is consistent with the same technique used by fee appraisers.

We want to ensure that our information about the property sale referenced above is correct. Please assist us by completing this questionnaire and returning it to us within ten (10) days using the envelope provided. **This information will be considered confidential.**

An appraiser from our office will visit your property to verify property record data and sales information. If you have any questions, please call your local Department of Revenue office at (406) _____, or visit the local office at _____.

Questionnaire

Description of the Sale

1. Total Sale Price \$ _____ Date of Sale _____ Cash Down Payment \$ _____

Note: This question is to help determine if the financing method affected the sale price and to confirm the sale price reported on the Realty Transfer Certificate.

- Financing
 Amount \$ _____ Interest Rate _____ Term _____
 Amount \$ _____ Interest Rate _____ Term _____
 Points Paid by Seller _____ Other (Describe) _____
- Source of Financing: Assumable Loan VA or FHA Loan
 Conventional Loan Contract for Deed SBA Loan
- Did your financing arrangements influence the purchase of this property? Yes No
 (e.g. points or closing costs paid by seller, large down payment on contract for deed)
 If yes, please explain: _____
- Was the property advertised as being for sale? Yes No
- Was a trade of property involved in this sale? Yes No
 If yes, please explain _____ Estimated Value \$ _____
- Was this sale between relatives? Yes No
 Was this sale between business partners? Yes No
 Was this sale between related businesses? Yes No
 Was the seller forced to sell this property? Yes No If yes, please explain: _____
- Was the buyer forced to buy this property? Yes No If yes, please explain: _____

2. Describe any personal property items included in the total sales price and give an estimate of their value. (e.g., appliances, stoves, refrigerators, satellite dishes, hot tubs, fixtures, etc.)
Description _____ Estimated Value \$ _____

3. If any unpaid taxes or assessments were assumed by the buyer, please identify them. Indicate the amounts involved and indicate whether they are included in the total sale price or are excluded.
Description _____ Amount \$ _____
Included _____ Excluded _____

4. What was sold or purchased? Land Only Land and Buildings Mobile Home Building Only
If Mobile Home: Make _____ Model _____ Year _____ Size _____
Serial #: _____ Title # _____

Please list the following:

- A. Year Built _____
- B. Land Improvements: Public Sewer Septic Electricity Public Water
 Well Gas

5. Have any changes (e.g. additions, remodeling, new structures, damage) been made to the property since the sale?
 Yes No If yes, please indicate the changes: _____

Residential Sales Verification (continued)
Interior Information

In order to ensure the accuracy of the information we have about your property, please complete this form to the best of your ability. If you need clarifications or explanations about this form, please call your local Department of Revenue office at (406) _____.

If your purchase included a residence or other structure, please provide the following information:

Room identification: Please list the number of finished rooms on each level.

	Basement	1 st Story	Half-Story	2 nd Story	Attic
Living Rooms	_____	_____	_____	_____	_____
Dining Rooms	_____	_____	_____	_____	_____
Family/Den/Rec Rooms	_____	_____	_____	_____	_____
Number of Bedrooms*	_____	_____	_____	_____	_____
Number of Full and ¾ Baths	_____	_____	_____	_____	_____
Number of Half Baths**	_____	_____	_____	_____	_____
Kitchens	_____	_____	_____	_____	_____
Laundry Hookups	_____	_____	_____	_____	_____

* A bedroom is a room with a closet (including an office with a closet)

** A half bath has only a toilet and sink (no shower).

Finished basement area as a percent of total basement area _____%

Finished attic as a percent of total attic area _____%

Heating/Cooling System:

Heating Type: Gas Electric Other (specify) _____

Forced Air

Electric Baseboard

Heat Pump

Hot Water Heat

Floor/Wall Heater

Gravity Hot Air

Other (specify) _____

Cooling Type: Central Air Window Air or Swamp Wall Unit

Fireplaces: (number of chimneys/openings)

_____/_____/_____ Masonry

_____/_____/_____ Metal Prefab or Gas Insert

_____/_____/_____ Wood Stove or Pellet Stove

Built-in Appliances/Misc. Features: *Do not include moveable appliances.*

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Wet Bar	<input type="checkbox"/> Intercom
<input type="checkbox"/> Trash Compactor	<input type="checkbox"/> Central Vacuum	<input type="checkbox"/> Security System
<input type="checkbox"/> Countertop Range	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Spa Bathtub
<input type="checkbox"/> Built-in Oven	<input type="checkbox"/> Garbage Disposal (not floor model)	
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Oven/Range Combo (drop-in type)	
<input type="checkbox"/> Microwave	<input type="checkbox"/> Automatic Garage Door Openers: # _____	
<input type="checkbox"/> Other (specify) _____		

Other Improvements:

Shed Metal Wood

Enclosed Porch

Attached Garage

Detached Garage

Deck: Covered Open

Patio: Covered Open

Swimming Pool

Type of Construction: Vinyl Concrete Gunite Fiberglass Other _____

Pole Barn

Barn

Solarium

This property was advertised for sale:

Listed With a Realtor

For Sale by Owner

Other _____

This property was not advertised for sale:

Private Offer

Other _____

If this property was rented, what was the monthly rent? _____

This questionnaire was completed by: _____ (Please print)

Daytime Phone No.: _____

Signature: _____ Date: _____

For Office Use Only

Name of Person Contacted: _____ Date: _____

Person Contacted by What Means: On-site Visit Phone Mail

Signature of Verifier: _____ Date: _____

Determination of Sale: Valid Invalid Give Reason: _____