NOTE: As of 5/2007, the gray shading has been removed from the Intake Sheet to improve readability. The Intake Sheet is designed as an 8 1/2" x 14" document. You may need to adjust your printer settings to accomplish this. The Clerk will only accept the Intake Sheet in full 8 1/2" x 14" page size.

This form is fillable and can be completed using your PC. You can save the form to your PC for reuse but the information you input will not save (unless you have installed Adobe Acrobat or Adobe Approval software on your PC). For this reason, you should print the form once it is completed and make the appropriate number of copies - at least 4 copies.

# 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)**

Space Reserved for Circuit Court Clerk Recording Validation

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

| | | | |
|---|---|---|---|
| ☐ Deed<br>☐ Deed of Trust | ☐ Mortgage<br>☐ Lease | ☐ Other _____<br>☐ _____ | ☐ Other _____<br>☐ _____ |

**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 | | Finance Office Use Only<br>Transfer and Recordation Tax Consideration | |
|---|---|---|---|
| Purchase Price/Consideration | $ | | |
| Any New Mortgage | $ | Transfer Tax Consideration | $ |
| Balance of Existing Mortgage | $ | X ( ) % = | $ |
| Other: | $ | Less Exemption Amount − | $ |
| | | Total Transfer Tax = | $ |
| Other: | $ | Recordation Tax Consideration | $ |
| | | X ( ) per $500 = | $ |
| Full Cash Value: | $ | 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**

**Instrument Submitted By or Contact Person**

Name:

Firm

Address:

Phone: ( )

☐ Return to Contact Person

☐ Hold for Pickup

☐ 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:

PRINT FORM on 8 1/2 x 14

RESET FORM

Submit 4 copies

*Distribution:* *White – Clerk's Office* *Pink – Office of Finance* *Canary – SDAT* *Goldenrod – Preparer*

*AOC-CC-300 (5/2007)*