

CORRECTED STATEMENT OF LIEN

State of Maryland Land Instrument Intake Sheet  
☐ Baltimore City ☒ County: 96

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)

1	Type(s) of Instruments	( <input type="checkbox"/> Check Box if Addendum Intake Form is Attached.)			
		<input type="checkbox"/> Deed	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>HOA</u>
2	Conveyance Type Check Box	<input type="checkbox"/> Improved Sale	<input type="checkbox"/> Unimproved Sale	<input type="checkbox"/> Multiple Accounts	<input type="checkbox"/> Not an Arms- Length Sale [9]
		Arms-Length [1]	Arms-Length [2]	Arms-Length [3]	
3	Tax Exemptions (if Applicable)	<input type="checkbox"/> Recordation			
		<input type="checkbox"/> State Transfer			
Cite or Explain Authority		<input type="checkbox"/> County Transfer			

4	Consideration and Tax Calculations	Consideration Amount		Finance Office Use Only	
		Purchase Price/Consideration	\$	Transfer and Recordation Tax Consideration	
		Any New Mortgage	\$	Transfer Tax Consideration	\$
		Balance of Existing Mortgage	\$	X (      ) % =	\$
		Other:	\$	Less Exemption Amount -	\$
		Other:	\$	Total Transfer Tax =	\$
		Full Cash Value	\$	Recordation Tax Consideration	\$
			X (      ) per \$500 =	\$	
			TOTAL DUE	\$	

5	Fees	Amount of Fees		Doc. 1	Doc. 2	Agent:
		Recording Charge	\$	<u>25.00</u>	\$	
		Surcharge	\$		\$	Tax Bill:
		State Recordation Tax	\$	<u>5.00</u>	\$	
		State Transfer Tax	\$		\$	C.B. Credit:
		County Transfer Tax	\$		\$	
		Other	\$		\$	Ag. Tax/Other:
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	
		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 <input type="checkbox"/> or Non-Residential <input type="checkbox"/> Fee Simple <input type="checkbox"/> or Grount Rent <input type="checkbox"/> Amount: _____						
		Partial Conveyance? <input type="checkbox"/> Yes <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Return to Contact Person
		Name: <u>Michael Offenheiser</u>		<input type="checkbox"/> Hold for Pickup
		Firm: <u>Nayle + Zeller, P.C.</u>		<input type="checkbox"/> Return Address Provided
Address: <u>10320 Little Patuxent Pkwy Ste 1200</u>		Phone: <u>(301) 621-6500</u>		
City/State/Zip: <u>Columbia MD 21044</u>				

11	Assessment Information	IMPORTANT: BOTH THE ORIGINAL DEED AND A PHOTOCOPY MUST ACCOMPANY EACH TRANSFER	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Will the property being conveyed be the grantee's principal residence?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Does transfer include personal property? If yes, identify: _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Was property surveyed? If yes, attach copy of survey (if recorded, no copy required).	

Assessment Use Only - Do Not Write Below This Line							
<input type="checkbox"/> Terminal Verification	<input type="checkbox"/> Agricultural Verification	<input type="checkbox"/> Whole	<input type="checkbox"/> Part	<input type="checkbox"/> Tran. Process Verification			
Transfer Number:	Date Received:	Deed Reference:	Assigned Property No.:				
Year	19	19	Geo.	Map	Sub	Block	
Land			Zoning	Grid	Plat	Lot	
Buildings			Use	Parcel	Section	Occ. Cd.	
Total			Town Cd.	Ex. St.	Ex. Cd.		

REMARKS:							

Distribution: White - Clerk's Office  
Canary - SDAT  
Pink - Office of Finance  
Goldenrod - Preparer  
AOC-CC-300 (6/95)

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Space Reserved for County Validation