

COURTHOUSE USE ONLY	
BOOK PAGE	RATIO CARD

**CERTIFICATE OF REAL ESTATE VALUE**  
SDCL 7-9-7 ARSD 64:04:01:06.01

Certificate of Real Estate Value form must be filed with any deed or contract for deed dated after July 1, 1988 used in the purchase, exchange, transfer or assignment of interest in real property.

- This form is required for all deeds (warranty deed, quit claim deed, grantor's deed, sheriff's deed, trustee's deed, mineral deed and similar instruments). It is also required for a contract for deed, a memorandum of a contract for deed, addenda to contract for deed, and notice of contract for deed. NOT NEEDED FOR: Divorce Decree, Probate Decree, Easement, Transfer on Death Deed, or instruments to the State of South Dakota conveying highway right-of-way (SDCL 7-9-7.3)
- **The buyer/grantee must use a mailing address. It will be used for tax notices.**
- **The box labeled Owner Occupied is important!** – Applies to sales, gifts, estate distributions, and any other transfer to a person (the grantee) who will occupy the property as a principal residence. It will allow the grantee, if eligible, to maintain the classification of owner-occupied on the property and receive the lower property tax rate for the property. If the box is completed, it **must be completed by and contain the grantee signature only**. In the event of multiple grantees, only one grantee should sign. This box cannot be signed by an agent of the grantee.

**APPLICANT INFORMATION** \* Designates required fields

SELLER(S)/GRANTOR(S) *		PHONE NUMBER *		EMAIL	
MAILING ADDRESS *		CITY *		STATE *	
BUYER(S)/GRANTEE(S) *		PHONE NUMBER*		EMAIL	
MAILING ADDRESS *		CITY *		STATE *	
NEW MAILING ADDRESS (if changed)		CITY		STATE	
LEGAL DESCRIPTION * (copy description from document you are recording or attach an exhibit with the legal description)					

**INSTRUMENT INFORMATION** (document being recorded) \* **This section is required in full**

DATE OF INSTRUMENT	CONTRACT FOR DEED ( )	QUIT CLAIM DEED ( )	EXECUTOR'S DEED ( )
	WARRANTY DEED ( )	MINERAL DEED ( )	TRUSTEE'S DEED ( )
DATE	OTHER ( ) – SPECIFY: _____		
DOES THE INSTRUMENT CHANGE WHO IS RESPONSIBLE FOR PAYMENT OF REAL ESTATE TAXES? YES ( ) NO ( )			

<ul style="list-style-type: none"> <li>• WAS THIS PROPERTY OFFERED FOR SALE TO THE GENERAL PUBLIC? YES ( ) NO ( )</li> <li>• RELATIONSHIP BETWEEN GRANTEE AND GRANTOR NO ( ) YES ( ) STATE RELATIONSHIP: _____</li> <li>• WAS THIS PROPERTY SOLD BY: OWNER ( ) AGENT ( )</li> </ul>	<ul style="list-style-type: none"> <li>• ACTUAL CONSIDERATION EXCHANGED \$ _____</li> <li>• ADJUSTED PRICE PAID FOR REAL ESTATE \$ _____ (actual consideration less amount paid for major items of personal property as listed below)</li> </ul>
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List any major items of personal property and their value which were included in the total purchase price. (i.e. furniture, inventory, crops, leases, franchises):

IF TRANSACTION WAS A SALE, WAS THE SELLER PAID IN FULL BY OR AT THE TIME OF THE SALE? YES ( ) NO ( )

- IF NO, HOW WILL THE SELLER BE PAID THE UNPAID BALANCE?  
\_\_\_\_\_ DOWN PAYMENT: \$ \_\_\_\_\_

INTEREST RATE: _____%	PAYMENT FREQUENCY: MONTHLY ( ) YEARLY ( )	NO. OF PAYMENTS: _____	BALLOON PAYMENT (if any): \$ _____
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BY SIGNING THIS DOCUMENT, I CERTIFY THAT I AM AUTHORIZED TO SIGN AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE (Seller, Buyer, or Agent) *	TITLE	DATE *
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**OWNER-OCCUPIED** (this box to be completed by one Grantee only)

PROPERTY IS CURRENTLY CLASSIFIED AS OWNER-OCCUPIED YES ( ) NO ( )	COUNTY _____
I WILL OCCUPY THIS PROPERTY ON _____ DATE	<b>These items are important to complete for property to continue to be classified as owner occupied for a lower property tax rate.</b>
PROPERTY WILL BE MY PRINCIPAL RESIDENCE ON THE ABOVE STATED DATE YES ( ) NO ( )	
I OWN ANOTHER RESIDENTIAL PROPERTY IN THE UNITED STATES YES ( ) NO ( ) IF YES – _____ CITY STATE	
GRANTEE SIGNATURE	DATE

**DIRECTOR OF EQUALIZATION OFFICE USE ONLY FOR OWNER OCCUPIED SECTION**

GRANTEE OF PROPERTY NAME: \_\_\_\_\_

THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS:  
 ( ) APPROVED ( ) DENIED ( ) ACKNOWLEDGE RECEIPT: Your request will be reviewed \_\_\_\_\_

REASON FOR DENIAL	
DIRECTOR OF EQUALIZATION OFFICE SIGNATURE	DATE