

**REAL ESTATE
TRANSFER DECLARATION**
(Transfers up to & including \$2 million)

Stamp No. _____
(Revenue Stamps to be Affixed to Deed)

Date Issued _____

Water Balance _____

Inspectional Serv. _____

Date of Deed _____

Type of Deed _____

It is recommended that transfer stamps
be picked up at least 48 hours in advance.
Allow at least a half hour to process.

READ BACK OF THIS APPLICATION

PLEASE NOTE:
The cost of the stamp is:

\$4.00 per \$1,000 or part thereof	Buyer's expense
\$4.00 per \$1,000 or part thereof	Seller's expense
TOTAL \$8.00 per \$1,000 or part thereof	

CITY OF CALUMET CITY
OFFICE OF THE CITY CLERK
NYOTA T. FIGGS

(708) 891-8110
Monday-Friday 9:00 a.m. - 5:00 p.m.

Address of Property _____
Calumet City, IL
60409
Thornton Township
(If property is a vacant lot, please attach legal description)

Full action consideration	TO BE PAID BY	\$ _____
Less amount of personal property included in purchase	Certified Check	\$ _____
Net consideration for real estate	Money Order	\$ _____
Net taxable consideration to be covered by stamps	or Cash	\$ _____
	ONLY	\$ _____
TOTAL Amount of tax stamps paid by: (CIRCLE ONE) SELLER BUYER BOTH		\$ _____

If EXEMPT: Transaction is exempt under paragraph _____ of Sec. 82-323 of the Calumet City Municipal Code.

We hereby declare the full actual consideration and above facts contained in this declaration to be true and correct.

The person executing this signature block swears and affirms under penalty of perjury that the information is true and correct. Failure to comply with this provision may result in prosecution.

PRINT NAME: _____ SIGN _____

<p>Name & Address of Seller/Owner/Grantor: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____</p>	<p>If Exempt, Copy of Deed Must Be Submitted.</p>	<p>Name & Address of Buyer/Grantee: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____</p>
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Agent's Name & Company Name _____

Agent must be a licensed attorney and/or licensed broker/realtor or the owner of record. In the event the party requesting is an agent, please put your bar number and/or broker's license number below your name.

Bar and/or Broker's License # _____
(CIRCLE ONE)
 Address _____
 City _____ State _____
 Zip _____ Phone # _____