

**IN LIEU OF SALES VALIDATION QUESTIONNAIRE**

*If a deed is exempt from the questionnaire  
please complete this form for address purposes.*

**SELLER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TAX  
PAYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY/AGENT  
SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR REGISTER OF DEEDS OFFICE ONLY**

**BOOK:** \_\_\_\_\_ **PAGE:** \_\_\_\_\_ **DATE OF RECORDING:** \_\_\_\_\_