

Confidential Document

Deed Transfer — Affidavit of Value

Municipality: _____

To be filed in triplicate

This Affidavit must accompany the deed upon registration.

I/We, _____ make oath/affirm that I am/we are the grantee(s) (new owner(s)) or the duly authorized agent of the grantee(s) named below and that I/we have personal knowledge of the facts and information in this affidavit and that they are true.

1. Grantee(s) (new owner(s)) and mailing address(es):

Assessment notices will be sent to these addresses unless otherwise specified.

If insufficient space, check ☐ and attach additional names and mailing addresses.

Name 1: _____

SurnameFirst NameFull Middle Name

Address: _____

RR#/PO Box (if applicable)Civic #Street/Road NameStreet TypeApt. or Suite

Municipality/CommunityCountyProvincePostal CodeCountry

Name 2: _____

SurnameFirst NameFull Middle Name

Address: _____

RR#/PO Box (if applicable)Civic #Street/Road NameStreet TypeApt. or Suite

Municipality/CommunityCountyProvincePostal CodeCountry

Telephone Name 1: _____

HomeBusiness

Telephone Name 2: _____

HomeBusiness

2. Description of property

☐ same as mailing address above

Location of property conveyed _____

Civic #Street/Road Name

Community NamePostal Code

Complete one or more

Property identifier (PID) _____

Assessment account number _____

3. Grantor(s) (previous owner(s))

If insufficient space, check ☐ and attach additional names.

Name 1: _____

SurnameFirst NameFull Middle Name

Name 2: _____

SurnameFirst NameFull Middle Name

4. Municipal deed transfer tax (DTT) and sales information

Date of sale _____

1. Sale/Purchase price* _____ x _____ DTT Rate

*Exclude HST and rebate (if applicable to this sale)

= _____ DTT Payable

Complete lines 2 to 4 for new residential construction (if applicable).

2. Plus HST _____

3. Less HST rebate _____

4. Equals contract price _____

Contract price (Sale/purchase price + HST - HST rebate) for assessment purposes only

or reason for exemption from DTT _____

Certificate of Treasurer or Registrar Acting as Treasurer

☐ I certify that the deed tranfser tax according to this affidavit has been paid

or

☐ I certify that according to this affidavit no deed transfer tax is due or payable

Treasurer or Registrar

(Severally) sworn/affirmed at _____ in the County of _____

Province of Nova Scotia, this _____ day of _____, _____ before me.

(year)

Signed _____

A Barrister, Commissioner or Notary Public

Grantee (new owner) or agent of the Grantee

Name _____

(please print)

Grantee (new owner) or agent of the Grantee

For Office Use Only (Registry)

Document # _____ Book _____ Page _____

For Office Use Only (Assessment)

03/01

Copy Distribution

Original - Registry of Deeds

Copy - Municipality

Copy - Grantee (new owner)