

**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: _____	Surname	First Name	Full Middle Name	
Address: _____	RR#/PO Box (if applicable)	Civic #	Street/Road Name	Street Type
	Municipality/Community	County	Province	Postal Code
Name 2: _____	Surname	First Name	Full Middle Name	
Address: _____	RR#/PO Box (if applicable)	Civic #	Street/Road Name	Street Type
	Municipality/Community	County	Province	Postal Code
Telephone Name 1: _____	Home	Business	Telephone Name 2: _____	Home
				Business

**2. Description of property** same as mailing address above

Location of property conveyed _____	Civic #	Street/Road Name
	Community Name	Postal Code
<i>Complete one or more</i>		
Property identifier (PID) _____	Assessment account number _____	

**3. Grantor(s) (previous owner(s))**If insufficient space, check  and attach additional names.

Name 1: _____	Surname	First Name	Full Middle Name	
Name 2: _____	Surname	First Name	Full 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 transfer 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)**

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**For Office Use Only (Assessment)**