



**TRANSFER OF OWNERSHIP**

Address of Property Purchased:

\_\_\_\_\_  
\_\_\_\_\_

Previous Owner's Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**Your Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:

\_\_\_\_\_ Home \_\_\_\_\_ Work  
\_\_\_\_\_ Cell \_\_\_\_\_ Fax Number

Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Email \_\_\_\_\_ Fax **(Please Check One)**

Signature of New Owner: \_\_\_\_\_

**The following must accompany this form:**

1. W-9 Request for Taxpayer Identification Number and Certification (attached)
2. Copy of Closing / Settlement Statement or Certified Copy of the Deed with an Affidavit of Ownership.