



STATE BOARD OF EQUALIZATION
STATEMENT OF MANUFACTURED HOME FULL CONSIDERATION
 SFN 24767

Mail to: **State Board of Equalization**
North Dakota Office of State Tax Commissioner
600 E. Boulevard Ave. Dept. 127
Bismarck, ND 58505-0599

**The Information on
 This Form Is
 Confidential
 N.D.C.C. § 11-18-02.2(7)**

1. Name of Grantee (Purchaser)		2. Address of Grantee (Purchaser)		
3. Name of Grantor (Seller)		6. County		
4. Location of Property Transferred (Number and Street or R.R.)				
7. Legal description of property to which the manufactured home is affixed, as shown in the affidavit of affixation Lot No. _____ Block No. _____ Plat Name: _____ Or:				
8. Date on which purchase agreement was made: Month: _____ Year: _____				
9. Total Purchase price (fill in amount paid or to be paid exclusive of any interest payments)..... \$ _____				
10. Total value of personal property included in purchase price: (furniture, appliances not built in, etc.)..... \$ _____				
11. Year	Make	Model	Size	VIN
12. Total square footage of manufactured home _____				
13. Was the property purchased from a relative, a gift, an exchange, a forced or tax sale, or sold to settle an estate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. In your opinion, was the sale or transfer made at fair market value (willing buyer, willing seller)?... <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," briefly explain why				

I (we) certify under penalty of law, that this statement, including the legal description in "7" above, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete.

 Signature of Grantee (Purchaser) or Authorized Agent

 Date