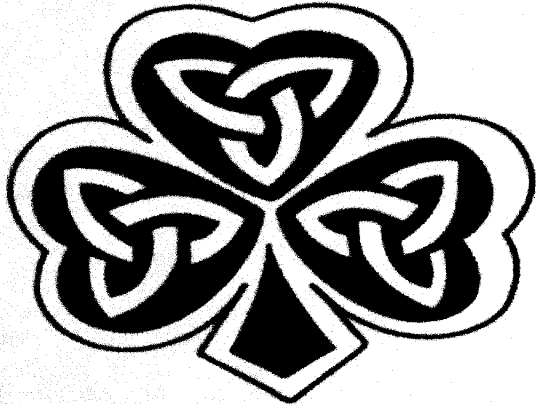


# Celtic Title & Abstract, LLC



Paula J. Alpegiani

77 North Airmont Road  
Suffern, NY 10901

CelticTitle@aol.com

845-368-8100  
845-368-8151 (fax)

## PREP FORMS QUESTIONNAIRE

Westchester County requires that transfer documents be completed on-line using PREP System. In order for us to complete PREP tax forms, please complete the information below at least 3 days prior to closing to ensure timely delivery of completed forms. Fax completed forms to (845)368-8151 or email to [CelticTitle@aol.com](mailto:CelticTitle@aol.com). **The fee for this service is \$150.00.**

1. Parties:

A. Grantor (Use Rider for Additional Grantor(s))

Name(s):	Address(es):	Party Type*:	SS#/EIN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Grantee (Use Rider for Additional Grantee(s))

Name(s):	Address(es):	Party Type*:	SS#/EIN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*Individual, Corporation, Partnership, Estate/Trust, Other*

2. Property: *(As shown on Tax Assessment)*

- A. Section-Block-Lot \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (or)  
Tax Designation \_\_\_\_\_
- B Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Village \_\_\_\_\_ Zip \_\_\_\_\_
- C. Tax Billing Address if Other than Premises: \_\_\_\_\_
- D. No. of Parcels being transferred:: \_\_\_\_\_ (or) Part of Parcel \_\_\_\_\_
- E. Deed Property Size: \_\_\_\_\_ front(by) \_\_\_\_\_ depth(or) \_\_\_\_\_ Acres
- F. Year of Assessment Roll which information was taken: \_\_\_\_\_
- G. Total Assessed Value: \_\_\_\_\_
- H. Property Class: \_\_\_\_\_
- I. School District Name: \_\_\_\_\_

3. Taxes

- A. Closing date: \_\_\_\_\_
- B Contract date: \_\_\_\_\_
- C. Conveyance amount: \_\_\_\_\_
- D. Value of Personal property included in sale: \_\_\_\_\_
- E. % of Residential Real Property (if other than 100%) \_\_\_\_\_
- F. Exemption/Tax Credits:
  - a. Sch. B, Part III: Exemption Claimed
  - b. Sch. C, Item 4: Credit Line Mortgage Certificate
  - c. Sch. E: Conveyance Pursuant to or in lieu of foreclosure
  - d. Sch. F: Change of Identity or form of ownership
  - e. Sch. G: Credit for Tax previously paid.
- G. Are any of the transferor/seller(s) non-residents of New York State and do not qualify for an exemption under the Tax Law section 663(c) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Rider to Section 1: (Additional Grantor(s)/Grantee(s))**

A. Grantor:

Name(s):	Address(es):	Party Type*:	SS#/EIN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*Individual, Corporation, Partnership, Estate/Trust, Other*

Record & Return to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attn: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please attach a copy of the proposed deed to this form.**