



### RETTD

### MAINE REVENUE SERVICES **REAL ESTATE TRANSFER TAX** DECLARATION TITLE 36, M.R.S.A SECTIONS 4641-4641N

PLEASE TYPE OR PRINT CLEARLY

| 1.1 | L/01 | /201 | 6 12 | 2:20 | PM |
|-----|------|------|------|------|----|
| 2   | 01   | GR.  | -08  | 3.3  | 63 |

Transfer Tax of 770.00 State of Maine Transfer Tax SAGADAHOC COUNTY MAINE

| 1. COUNTY<br>Sagadahoc  |   |   | DO NOT E                                | JSE RED INK!   |                 | 1  | 2016-8363  |            |
|-------------------------|---|---|---|--|-----------------|--|--|------------|
| 2. MUNICIPALI<br>Bath   | TY/TOWNSHIP   |   |   |  |                 | BOOK/P/  | AGE—REGISTRY USE ONLY  |            |
| 3. GRANTEE/<br>PURCHASE | 3a) Name (LAST, FIRST,<br>Delahanty, Timothy<br>3c) Name (LAST, FIRST,<br>Devenney, Angela<br>3e) Mailing Address<br>897 Middle Street #1<br>3f) City 3g) State<br>Bath, ME 04530 | Mi)   | , |  |                 | •  |  |            |
| 4.<br>GRANTOR/          | 4a) Name (LAST, FIRST,<br>Pride, Adam<br>4c) Name (LAST, FIRST,<br>Pride, Kimberly  |   |   |  |                 | 4  |  | '          |
|                         | 4e) Mailing Address<br>8 Ancona Avenue<br>4f) City 4g) State<br>Bath ME 04530   | 4h) Zip Code  |   |  |                 |  |  | •          |
| 5. PROPERTY             | 5a) Map<br>13<br>5c) Physical Location<br>8 Ancona Avenue, Bat  | Block<br>ih. ME 04530                                 | Lot<br>61                               | Sub-L  |                 | neck any that apply:<br>No tax maps exist<br>Multiple parcels<br>I portion of parcel | Sb) Type of property—Enter the code number that best describes the properties gold. (See instructions)  Sd) Acreage. |            |
| 6.<br>Transfer          | 6a) Purchase Price  |   |   | "0" in 6a) or  | 6a              | \$175,00   | 0.00   |            |
|                         | if 6a) was of nomina<br>6c) Exemption clain   | al value)<br>n -  Check the box                       | if either granto                        | r or grantee is clai   | 6b<br>ming exem | pilon from fransfe   | er tax and explain.  |            |
|                         | 7. DATE OF TRANSFI<br>October 28, 201<br>MONTH DAY  |   |   | or Tree Growth,  | a Substanti     |  | ssified as Farmland, Open Space<br>could be triggered by<br>use.  CLASSIFIED   |            |
| which suggest t         | RCUMSTANCES — Wer<br>that the price paid was e<br>box and explain.  | * *   |   | E1 ≯   | □s<br>□a        | eller has qualified a<br>waiver has been re  | Buyer(s) not required to withhold<br>Maine income tax because:   | :01        |
|                         | Aware of penalties knowledge and belief, in Grantee Crantee   | as set forth by Title 3<br>at is true, correct, and o | 6 \$4641-K, we hecomplete. Green's      | ereby swear or affirm<br>etc) and Graptor(s)<br>2 8 20 Grantor<br>2 8 20 Grantor | or their fut    | ave each examined to<br>portized agent(s) are  | this return and to the best of our required to sign below.  Date OCT 28  Le Date CT 2-8-20                           | 201<br>116 |
| 12. PREPARER            | Name of Preparer Ba   | y Area Title Services                                 |   | Pho  | ne Number       | (207) 775-5900   |  |            |
|                         | Mailing Address 17  | 11 Congress Street, P                                 | ortland ME 0410:                        | ₹ Ema  | a:[             |  |  |            |

Merits: 0011615448504 Trips: 6163552300004



### **MAINE REVENUE SERVICES** REAL ESTATE TRANSFER TAX **DECLARATION**

| RE                    | ΓTD                                     | TITLE 36, M.R.S.A. SECTIONS §                        | §4641-464                              | IN   | 11/02/2016 12:05 PM  |
|-----------------------|---|--|--|--|--|
| 1. County             |   |  |  |  | 2016R-08393<br>Transfer Tax of 704,00  |
| Sagadahod             | >                                       |  |  |  | State of Malne Transfer Tax SAGADAHOC COUNTY MAINE   |
| 2. Municipality       | /Township                               |  |  |  | 2016-8393  |
| Bath                  |   |  |  |  | 2016-8013  |
| 3. GRANTEE/           |   |  |  |  | BOOK/PAGE—REGISTRY USE ONLY  |
| PURCHASER             | 3a) Name LAST or BUSINESS               |  |  |  | 1  |
|                       | HARTMAN  3cl Name LAST of BUSINESS      | BETH   |  | A. ]                                       | THE STATE OF THE S |
|                       | 200000000000000000000000000000000000000 | . 7/1011.004   |  |  |  |
|                       | 3elMalino Address<br>75 ROBERTS S       | TORET ADT 1  |  |  | ***************************************  |
|                       | 3f)City                                 | INCCIACII  |  |  | 3g) State 3h) Zip Code   |
|                       | PORTLAND                                |  |  |  | ME 04102   |
| 4. GRANTOR/<br>SELLER | 4a) Name, LAST or BUSINESS              |  |  |  |  |
| SELLEN                | LITROCAPES  401Name_LAST_or_BUSINESS    | JAMES<br>FIRST MI                                    |  | A.   |  |
|                       | Admonitor of the American               | cl.II-Strtiti  | ······································ |  |  |
|                       | 4e) Mailing Address                     |  | <del> </del>                           | ······································     |  |
|                       | 6 LAWN AVE A                            | T2   |  | · · · · · · · · · · · · · · · · · · ·      |  |
|                       | 4f) City                                |  |  |  | 4g) State 4h) Zip Code   |
|                       | SACO                                    |  |  |  | ME 04072   |
| 5. PROPERTY           | 5a) Map                                 | Block Lot Sub-Lot                                    |  | b) Type of property-                       | -Enter the code number that best   |
|                       | 25                                      | 061  |  | esenbes the property<br>eck any that apply | being sold. (See instructions)—>   |
|                       | 5c) Physical Location                   |  |  | No tax maps ex                             |  |
| ļ                     | 5 Andrews Road                          |  | -    -                                 | Multiple parcel Portion of parc            |  |
| 6. TRANSFER TA        | X                                       |  |  |  |  |
|                       | ·                                       | e (If the transfer is a gift, enter "0")             | #O#!- 5-\                              | ба   | \$ 159,800.00  |
|                       | if 6a) was of nomi                      | lue (enter a value only if you entered<br>nal value) | "U" in 6a) or                          | 6b   |  |
|                       | 6c) Exemption clair                     | n – Check the box if either grantor or               | grantee is cla                         | ـــا<br>Iming exemption                    | from transfer tax and explain.   |
|                       |   |  | <del></del>                            | ······································     |  |
| 7. DATE OF TRA        | ANSFER (MM-DD-YYYY)                     | 8. WARNING TO BUYER-If the property                  | y is classified                        | as Farmiand, Ope                           | п Space, Tree Growth, or Working Water-  |
| 10                    | 31 2016                                 |  |  |  | ent, subdivision, partition or change in use.  |
| MONTH CIP             | DAY YEAR CUMSTANCES—Were there          | nou en acial circumstanças 1                         | o INCOMET                              | AVMITULE D. C                              | CLASSIFIED   |
| in the transfer w     | which suggest that the price            | paid was either more or less                         | O. INCOME 1                            | i  | Buyer(s) not required to withhold Maine<br>ncome tax because:  |
| than its fair mar     | ket value? If yes, check the            | box and explain:                                     | _                                      | <b>;===</b>                                | qualified as a Maine resident  |
|                       |   |  |  |  | as been received from the State Tax Assessor<br>tion for the property is less than \$50,000  |
|                       |   |  |  | Foreclosus                                 |  |
| 11.OATH               |   |  |  |  | each examined this return and to the best of horized agent(s) are required to sign below:  |
|                       | Grantee Beth A                          | Havline Date 10/31/14                                | Grantor                                | NOI(S) OF WHER BUIL                        | Date 10-31-16  |
|                       | Grantee                                 | Date   | Granter                                | (  | Date   |
| 12. PREPARER          | Name of Preparer Co                     | rnerstone Title & Settlement Company                 |  | Phone Number_                              | (207)797-8595  |
|                       | Mailing Address 143                     | 18 Washington Ave<br>tland, Me 04103                 | <del> </del>                           | E-Mail Address                             | dosings@cornerstonetrilecompany.com  |
| SPR                   |   | http://www.maine.gov/revenue/propert                 |  | Fax Number<br>tax/transfertax.h            | (207)797-8599  |
| シューレ                  |   |  | ,                                      |  |  |

Merits: 0011615448509 Trips: 6163552300009

## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX

## **REAL ESTATE TRANSFER TAX**

| *12RETTD* RETTD          |  |                            | DECLARATION TITLE 36, M.R.S.A. SECTIONS \$54641-4641N |   |                       |                                      | 11/03/2016 2:45 PM<br><b>2016R-08420</b> |                                      |   |                           |  |
|--------------------------|--|----------------------------|---|---|-----------------------|--------------------------------------|--|--------------------------------------|---|---------------------------|--|
|                          | עוו  |                            | TILE 36, M.R.S.A.                                     | SECTIONS 99464  | 1-4641                | IN                                   |  | Transfer Tax of tate of Maine T      |   |                           |  |
| 1. County                |  |                            | <del></del> 1   |   |                       | ,                                    |  | GADAHOC COU                          | -                                       |                           |  |
| SAGADAI                  | HOC  |                            |   |   |                       |                                      |  |                                      |   |                           |  |
| 2. Municipality/         | Township   |                            |   |   |                       | _                                    |  | 2016-                                | -84                                     | 20                        |  |
| BATH                     |  |                            |   |   |                       |                                      |  |                                      | _                                       |                           |  |
| 3. GRANTEE/<br>PURCHASER | 2-11   | NECE EINE                  |   |   |                       |                                      | <br>                                     | VPAGE—REGISTE                        | RY USE (                                | ONLY<br>                  |  |
|                          | 3a) Name LAST or BUSI<br>HOLBROOK                  |                            | NORMAN  | D.  |                       |                                      | 1  |                                      |   |                           |  |
|                          | 3cl Name, LAST or BUSI<br>KELLEY,                  |                            | HIA L.  |   |                       |                                      | •  |                                      |   |                           |  |
|                          | Je) Mallino Address                                |                            |   |   |                       |                                      |  |                                      |   |                           |  |
|                          | 1167 HIG   | H ST                       | REET.   |   |                       |                                      |  | ag) atate                            | 10771                                   | pcode                     |  |
|                          | BATH   |                            |   |   |                       |                                      | ·····                                    | ME                                   | 045                                     | 30                        |  |
| 4. GRANTOR/              | 4a) Name, LAST or BUS                              |                            |   |   |                       |                                      |  | ne                                   |   |                           |  |
| SELLER                   | HOLBROOK   | , JR                       | ., NORMAN   | D.  |                       |                                      |  |                                      |   |                           |  |
|                          | 4c) Name. LAST or BUS                              | INESS. FIRS                | CMI   |   |                       |                                      |  |                                      |   |                           |  |
|                          | 4e) Mailing Address                                | ·                          |   |   |                       | -                                    | •  |                                      |   |                           |  |
|                          | 1167 HIG   | H SI                       | REET  |   |                       |                                      |  |                                      |   |                           |  |
|                          | 4f) City   |                            |   |   |                       |                                      |  | 4g) State                            | 4h                                      | ) Zıp Code                |  |
|                          | BATH   |                            |   |   |                       |                                      |  | ME                                   | 04                                      | 530                       |  |
| c property               | Sa) Map  | Block                      | Lot   | Sub-Lot   | 55\                   | Type of property                     | Fotest                                   | ne code number tha                   | at hest                                 |                           |  |
| 5. PROPERTY              | 20   |                            | 17  |   | de                    | scribes the proper                   | ty being so                              | old (See Instruction                 |   | 202                       |  |
|                          | ll   |                            |   |   | Chec                  | k any that appl<br>No tax maps o     |  | Sd) Acreage                          |   |                           |  |
|                          | Sc) Physical Location                              | , am                       | )   |   | 7                     | Multiple parce                       | _  |                                      | *************************************** |                           |  |
|                          | 1167 HIGH  | 1 511                      | REET  |   |                       | Portion of par                       | cel                                      |                                      |   |                           |  |
| 6. TRANSFER TA           | X 6a) Purchase                                     | Price (If t                | he transfer is a gift, e                              | enter "0")  |                       | 6а                                   |  |                                      |   | .00                       |  |
|                          | 6b) Fair Marke<br>If 6a) was of n                  |                            | enter a value only if<br>value)                       | you entered "0" in                                    | 6a) or                | 6b                                   |  |                                      | 538                                     | 350.00                    |  |
|                          | 6c) Exemption                                      | claim -                    | Check the box if eit                                  | her grantor or grante                                 | e is clai             | ming exemptio                        | n from tr                                | ansfer tax and ex                    | (plain                                  |                           |  |
| Deed betwee              | n registered do                                    | mestic                     | partners  |   |                       |                                      |  |                                      |   |                           |  |
| L                        | NSFER (MM-DD-YYY                                   |                            | . WARNING TO BUYER-                                   | -if the property is cla                               | ssified a             | s Farmland, Op                       | en Space                                 | , Tree Growth, or                    | Workin                                  | g Water-                  |  |
| //<br>MONTH              | 3 2016<br>DAY YEAR                                 |                            | ront a substantial finan                              |   |                       |                                      |  |                                      | n or cha                                |                           |  |
| 9. SPECIAL CIRC          | UMSTANCES—Were                                     |                            |   |   | OMETA                 |                                      |  | not required to v                    | withhol                                 | d Maine                   |  |
|                          | rhich suggest that the<br>ket value? If yes, check |                            | i was either more or les<br>and explain:              | 5   |                       | L                                    |  | tax because:<br>d as a Maine resi    | ident                                   |                           |  |
|                          |  |                            |   |   |                       | A waiver                             | has been                                 | received from ti                     | he State                                | Tax Assessor              |  |
|                          |  |                            |   |   |                       |                                      |  | the property is l                    | ess than                                | \$50,000                  |  |
|                          |  |                            |   |   |                       | Forecloss                            |  |                                      |   |                           |  |
| 11. OATH                 | Aware of penalt<br>out knowledge an                | ies as set<br>d bellef, it | forth by Title 36 §4641<br>is You Repressiond con     | i-K, we hereby swear<br>mplete. Grantee(s) a <u>r</u> | or affiri<br>10/Grant | m that we have<br>tor(s) or their au | each exa<br>thorized                     | mined this retur<br>agent(s) are req | n and to<br>uired to                    | o the best of sign below: |  |
|                          | Grantee Com  | $\alpha_{\tilde{s}}$       | Date Date   | 11-0-11-  | rantor )              | amay                                 | Offa                                     |                                      | Date                                    | 11-3-16                   |  |
|                          | Grantee ACC  | <u> H</u>                  | Italler date  | 1/12/11   | rantor .              |                                      |  |                                      | Date _                                  |                           |  |
| 12. PREPARER             | Name of Preparer                                   | Jessica R                  |   |   | 1                     | Phone Number                         | 207-442-8                                |                                      |   |                           |  |
|                          | Mailing Address                                    | 280 From                   | it Street, Bath, ME 045                               | 30  |                       | E-Mail Address                       | jra@sal                                  | s-law.com                            |   |                           |  |
|                          |  |                            |   |   |                       | Fax Number                           |  | <del></del>                          |   | B                         |  |

http://www.maine.gov/revenue/propertytax/transfertax/transfertax.htm

Merits: 0011615450402 Trips: 6163552320002



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**RETTD** 

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## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

TITLE 36, M.R.S.A. SECTIONS 4641-4641Ń

PLEASE TYPE OR PRINT CLEARLY

11/07/2016 12:01 PM 2016R-08469

Transfer Tax of 330,00
State of Maine Transfer Tax
SAGADAHOC COUNTY MAINE

| 1. COUNTY                             | DO NOT USE RED INK!  | SAGADAHOC COUNTY MAINE  |  |  |  |  |  |
|---------------------------------------|--|---|--|--|--|--|--|
| SĄGĄDĄI                               | IOC , , , , , , , ,  | 2016-8469   |  |  |  |  |  |
| 2. MUNICIPALIT<br>BATH                | Y/TOWNSHIP   | BOOK/PAGE—REGISTRY USE ONLY   |  |  |  |  |  |
| 3. GRANTEE/<br>PURCHASER              | 3a) Name (LAST, FIRST, MI) JOHNSON, JEREMY J. 3c) Name (LAST, FIRST, MI)   | · · · · · ·   |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · · | 3e) Mailing Address 61 GRANITE STREET 30 City BATH   | 3g) State 3h) Zip Code ME 045,30  |  |  |  |  |  |
| 4. GRANTOR/<br>SELLER                 | 4a) Name (LAST, FIRST, MI) VOORHEES, ANN E.  4c) Name (LAST, FIRST, MI)  4e) Mailing Address 5 SASANOA ROAD  4f) City WOOLWICH   | 4g) State 4h) Zip Code ME 04579   |  |  |  |  |  |
| 5. PROPERTY                           | 27 - 20 - N<br>Sc) Physical Location N<br>61 GRANTTE STREET  | ny that apply: o tax maps exist  ultiple parcels ortion of parcel  5b) Type of property—Enter the code number that best describes the property being sold (See instructions)  5d) Acreage:  10 4 50 4 50 6 70 6 70 6 70 6 70 6 70 6 70 6 70 6 |  |  |  |  |  |
| 6.TRANSFER<br>TAX                     | ба) Purchase Price (If the transfer is a gift, enter "0")  | 6a \$,  |  |  |  |  |  |
|                                       | 6b) Fair Market Value (enter a value only if you entered "0" in 6a) or if 6a) was of nominal value)  | 6b\$,,  |  |  |  |  |  |
|                                       | 6c) Exemption claim – Check the box if either grantor or grantee is claiming exe   | mption from transfer tax and explain.   |  |  |  |  |  |
|                                       |  | ☐ CLASSIFIED  |  |  |  |  |  |
|                                       | nat the price paid was either more or less than its fair market value?   | ETAX WITHHELD— Buyer(s) not required to withhold Maine income tax because.  Seller has qualified as a Maine resident  A waiver has been received from the State Tax Assessor  Consideration for the property is less than \$50,000            |  |  |  |  |  |
| 11. OATH                              | Aware of penalties as set forth by Title 36 \$4641-K, we hereby swear or affirm that our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) Grantee Date Grantor Grantor | of their authorized agent(s) are required to sign below:  Date  Date  |  |  |  |  |  |
| 12. PREPARER                          | 30 ml second of week   | Number (207) 729-1667 Address jtv@midcoasttitle.com   |  |  |  |  |  |

Merits: 0011615446109 Trips: 6163552060009



#### **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION**

36 M R S 88 4641-4641N

11/10/2016 12:24 PM

2016R-08582

| NE                       | ענו                                    |                           | 20 141'12'3' 33                                      | 4041*404119                           |             |                                    | Transfe                                 | r Tax of 550              | 0.00        |             |
|--------------------------|--|---------------------------|--|---------------------------------------|-------------|------------------------------------|---|---------------------------|-------------|-------------|
| 1. County                | 100                                    |                           | <u></u><br>1   |                                       |             |                                    | State of M                              | laine Transi<br>DC COUNTY | fer Tax     |             |
| SAGADA                   |  |                           |  |                                       |             |                                    |   |                           |             |             |
| 2. Municipality          | /Township                              |                           |  |                                       |             |                                    | 2011                                    | 28— ها                    | 582         |             |
| BATH                     |  |                           |  |                                       |             |                                    |   |                           |             |             |
| 3. GRANTEE/<br>PURCHASER |  |                           |  |                                       |             |                                    | Book/page—ri<br>-                       | EGISTRY USE               | ONLY<br>—-  |             |
|                          | 3a) Name LAST or BUSE<br>ALEXANDE      | NESS, FIRST, MI<br>R GEO! | RGE H  |                                       |             |                                    |   |                           |             |             |
|                          | 3c) Name LAST or BUSI                  | NESS, FIRST, MI           |  |                                       |             |                                    |   |                           |             |             |
|                          | 3e) Mailing Address aft                | aemurchaea af i           | hie proportie  |                                       |             |                                    |   |                           |             |             |
|                          | 187 DANF                               | ORTH S                    | STREET #1  |                                       |             |                                    | -                                       |                           |             |             |
|                          | 3f) City PORTLAND                      | )                         |  |                                       |             |                                    | 39/3ta<br>ME                            |                           | 102         | 7           |
| 4. GRANTOR/              | 4a) Name, LAST or BUS                  |                           |  |                                       |             |                                    |   |                           |             | <b>-</b>    |
| SELLER                   | GIBB MAR                               |                           |  |                                       |             |                                    |   |                           |             |             |
|                          | 4c) Name, LAST or BUS                  |                           |  |                                       | <del></del> |                                    |   |                           |             |             |
|                          | 4e) Mailing Address                    |                           |  |                                       |             | ····                               |   |                           |             |             |
|                          |  | STREET                    | r  |                                       |             |                                    |   | i                         |             |             |
|                          | 4f) City                               |                           |  |                                       |             | <u>-</u>                           |   |                           | h) ZIP Code | _           |
|                          | BATH                                   |                           |  |                                       |             |                                    | M                                       | E   04                    | 1530        |             |
| 5. PROPERTY              | 5a) Map                                | Biock                     | Lot  | Sub-Lot                               |             |                                    | nter the code num                       |                           |             | <del></del> |
|                          | 45                                     |                           | 23   |                                       | Check ar    | y that apply:                      | eing sold. (See Inst                    | 1001157-2                 |             | J           |
|                          | 5c) Physical Location                  |                           |  |                                       | 느           | o tax maps exis<br>ultiple parcels | t 5d) Acreage                           |                           |             |             |
|                          | 42 HIGH S                              | TREET                     |  |                                       |             | rtion of parcel                    |   |                           |             |             |
| 6.TRANSFERTA             | X 6a) Purchase                         | Price (If the             | transfer is a gift, ente                             | er "0")                               |             | 6a                                 |   | 125                       | 0.000       | 0           |
|                          |  |                           | er a value only if you                               |                                       | a) or       |                                    |   |                           |             | =           |
|                          | if 6a) was of n                        | ıominal valu              | e)   |                                       |             | 6b                                 |   |                           | .0          | 10          |
|                          | 6c) Exemption                          | claim – 📗                 | Check the box if either                              | grantor or grantee                    | is claimin  | g exemption fr                     | om transfer tax a                       | ınd explain.              |             | <b>—</b>    |
|                          |  |                           | · · · · · · · · · · · · · · · · · · ·                |                                       |             |                                    |   |                           |             |             |
|                          | <u>INSFER (MM-DD-YYY</u><br>'-2016     |                           | ARNING TO BUYER-If 11<br>: a substantial financial ; |                                       |             |                                    |   |                           |             |             |
| MONTH                    | DAY YEAR                               |                           |  | -                                     |             |                                    |   |                           | CLASSIFIED  | ,           |
|                          | CUMSTANCES—Were thick suggest that the |                           |  | 10.INCO                               | METAXW      |                                    | /er(s) not require<br>ome tax because   |                           | ld Maine    |             |
|                          | ket value? If yes, check               |                           |  |                                       | v           | Seller has qu                      | ialified as a Main                      | ne resident               |             |             |
|                          |  |                           |  |                                       | <u> </u>    | 4                                  | been received f<br>on for the proper    |                           |             | <b>)</b> F  |
|                          |  |                           |  |                                       |             | Foreclosure                        |   | ty is its will            | 11 430,000  |             |
| 11. OATH                 |  |                           | th by 36 M.R.S. § 4641-                              |                                       |             |                                    |   |                           |             |             |
|                          | Grantee                                | u Deliei, It is ti        | rue, correct, and compl                              | 21 [ ]   /                            | ntor 1      | we II                              | OMANO                                   | Date                      |             | 016         |
|                          | Grantee                                |                           | Date   |                                       | mor 7       | regent                             | - R'EJZ                                 | Date.                     | 11/7/       | 201         |
| 12. PREPARER             | Name of Preparer                       | Treworgy & Bal            |  | 2442                                  | Phor        | 16 Mawast****                      | 553-2190                                |                           |             | _           |
|                          | Mailing Address                        | 74 Market S               | Street, Portland, Maine                              | € U4101                               |             | <¢9100/18                          | nielle@treworg<br>7-553-2191            | y-paidacci.c              | om          | 150         |
| Rev. 12/                 | 1.6                                    | httn://w                  | ww.maine.gov/revenu                                  | e/propertytay/tra                     |             | MOUNDS!                            | *************************************** |                           |             | . 🕮         |
| Rev. 12/                 | 13                                     | 21.656.013.88             |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             | ······                             | · <del>-</del>                          |                           |             |             |

Rev. 12/15

### **PROCESSED** ONLINE. DO NOT RE-PROCESS.

DLN: 1001640010957

#### **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION**

| Registry           | Sagadahoc   |
|--------------------|-------------|
| Date Recorded      | 11/10/2016  |
| Time Recorded      | 12:25:00 PM |
| ransfer Tax Amount | \$818.40    |
| Document Number    | 2016R-08584 |
| Book               | 2016        |

| 57                       |   | 1                |                                       |   |                    | E .   |                        | _                      |          |                  |      |
|--------------------------|---|------------------|---------------------------------------|---|--------------------|---|------------------------|------------------------|----------|------------------|------|
| KE                       | TD  | TITLE 36,        | , M.R.S.A. SEC                        | TIONS §§4641~                                   | 4641N              | Tran  | sfer Tax               | Amount                 | \$818.40 |                  |      |
| Sagadahoo                |   |                  |                                       |   |                    | D   | ocument                | Number                 | 2016     | R-085            | 84   |
| 1. County                |   |                  |                                       |   |                    | -   |                        | Book                   | 2016     |                  |      |
| BATH                     |   |                  |                                       |   |                    |   |                        | Page                   | 8584     |                  |      |
| 2. Municipality/         | Township  |                  |                                       |   |                    | _   | BOOK/                  | - PAGEREGI             |          | E ONLY           |      |
| 3. GRANTEE/<br>PURCHASER | SANCOMB<br>3a) Name (LAST)  |                  | SCOTT<br>FIRST)                       |   |                    | T<br>(MI)                                       | 3b                     | SSN or Federa          | al ID    |                  |      |
|                          | SANCOMB   |                  | REBECCA                               | <b>L</b>  |                    | D   |                        |                        |          |                  |      |
|                          | 92 FALES AVE  |                  | FIRST)                                |   |                    | ¬ (MI)  | 3ď,                    | SSN or Federa          | al ID    |                  |      |
|                          | 3e) Mailing Address   | 71013            |                                       | <u></u>   |                    |   |                        |                        |          |                  |      |
|                          | BARRINGTON<br>3f) City  |                  |                                       |   |                    |   |                        | RI<br>3g) State        |          | 2806<br>Zip Code |      |
| 4. GRANTOR/<br>SELLER    | ALLEN 4a) Name (LAST)   |                  | ERIC<br>First)                        |   |                    | R<br>(MI)                                       | 4b)                    | SSN or Federa          |          | ip code          |      |
|                          | ALLEN 4c) Name (LAST)   |                  | PAMELA<br>FIRST)                      |   |                    | A<br>(MI)                                       | 4d)                    | SSN or Federa          | al ID    |                  |      |
|                          | 149 BLACKWA   | ATER COV         | Æ ROAD                                |   |                    |   |                        |                        |          |                  |      |
|                          | 4e) Mailing Address   |                  |                                       |   |                    |   | 1                      |                        | - —      |                  | _    |
|                          | BATH  |                  |                                       |   |                    |   |                        | ME                     | ┙ └──    | 530              |      |
| 5. PROPERTY              | 4f) City  |                  |                                       |   | Sb) Tv             | pe of property                                  | /Enter the             | 4g) Sta<br>code number |          | lh) Zip Cod      | ie   |
|                          | 27<br>5a) Map   | Block            | 044<br>Lot                            | Sub-Lot   | descrit<br>Check a | nes the proper<br>ny that appl                  | ty being sol<br>y:     |                        |          | 201              |      |
|                          | 21 RAYMOND<br>Sc) Physical Location   | COURT            | · · · · · · · · · · · · · · · · · · · |   | М                  | o tax maps e<br>Jultiple parce<br>ortion of par | els [                  | 0.00<br>d) Acreage     |          |                  |      |
| 6. TRANSFER TAX          | (<br>6a) Purchase Price   | (If the transfe  | r is a gift, ente                     | r"0"ì   |                    | ба  | \$186,0                | )00                    |          |                  | .00  |
|                          | 6b) Fair Market Val<br>if 6a) was of nomir  | lue (enter a val | -                                     |   | or                 | 6b  | Ψ100,                  |                        |          |                  | .00  |
|                          | 6c) Exemption claim   |                  | he box if either (                    | grantor or grantee is                           | s claimir          | •   | n from trar            | sfer tax and           | explain. |                  |      |
| 10                       | NSFER (MM-DD-YYYY) 21 2016 DAY YEAR   |                  |                                       | ne property is classif<br>penalty could be trig |                    |   |                        |                        |          |                  | use. |
| in the transfer wh       | JMSTANCESWere there<br>nich suggest that the price<br>et value? If yes, check the b | paid was either  | more or less                          | 10. INCOM                                       | IE TAX V           | X Seller has                                    | income ta<br>qualified | •                      | esident  |                  |      |

Consideration for the property is less than \$50,000 Foreclosure Sale 11. OATH Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below: 11/10/2016 Grantor Date 11/10/2016 ERIC R ALLEN SCOTT T SANCOMB PAMELA A ALLEN REBECCA D SANCOMB 11/10/2016 11/10/2016 Grantor Grantee. 12. PREPARER Phone Number (207) 774-0434 LISA GRONDIN Name of Preparer 119 MIDDLE STREET E-Mail Address \_\_lgrondin@phenixtitle.com Mailing Address PORTLAND, ME 04101

Merits: 0011615449305 Trips: 6163552290005



**RETTD** 

#### MAINE REVENUE SERVICES **REAL ESTATE TRANSFER TAX DECLARATION**

TITLE 36, M.R.S.A. SECTIONS 4641-4641N PLEASETYPE OR PRINT CLEARLY 11/10/2016 4:16 PM

#### 2016R-08615

Transfer Tax of State of Maine Transfer Tax SAGADAHOC COUNTY MAINE

| 1. COUNTY                               |  | DO NOT                  | USE RED INK!                                   |                                |          |  |   |  |
|---|--|-------------------------|--|--------------------------------|----------|--|---|--|
| SAGADAI                                 | <u>10C</u>   | i                       |  | ***                            |          | 2016 -   | -8615   |  |
| 2. MUNICIPALIT                          | Y/TOWNSHIP   |                         |  |                                |          |  |   |  |
| BĄŢH,                                   | <u> </u>   |                         |  |                                | BOOK     | VPAGE—REGIST   | KY USE ONLY                                   |  |
| 3. GRANTEE/<br>PURCHASER                | 3a) Name (LAST, FIRST, MI) FIELDS, TONY                          |                         |  | •                              |          |  |   |  |
|   | 3c) Name (LAST, FIRST, MI)                                       |                         | . t . t . t . t t                              | المسلاميسان المسال             | _        |  |   |  |
|   | FIELDS, VIRG   | NIA,                    |  |                                |          |  |   |  |
|   | 3e) Mailing Address 9 HIGH STREET                                | 1                       |  |                                |          |  |   |  |
|   | ويتملمون والمستحارية والمراجع والمراجع والمراجعة والمراجعة       |                         |  | <del></del>                    |          | 3g) State  | 3h) Zip Code                                  |  |
|   | BATH   |                         |  |                                |          | <u>ME</u>  | 04530   |  |
| 4. GRANTOR/<br>SELLER                   | 43) Name (LAST, FIRST, MI) FIELDS, TONY                          | •                       |  |                                |          |  |   |  |
|   | 4c) Name (LAST, FIRST, MI)                                       |                         | <u></u>  | <u>-landandandanda</u>         | _        |  |   |  |
|   | <u> </u>   |                         | <u></u>  |                                | _        |  |   |  |
|   | 4e) Mailing Address 9 HIGH STREET                                |                         | :  |                                |          |  |   |  |
|   | 4f) City   | *                       | 4g) State                                      | 4h) Zip Code                   |          |  |   |  |
|   | BATH   |                         | <del></del>                                    |                                |          | ME   | 04530   |  |
| 5. PROPERTY                             | Sa) Map Block 46   | - Lot 0 0 8             | Sub-Lot (                                      | Check any that appl            | y:       | number that best                                     | erty—Enter the code<br>describes the property |  |
| Sc) Physical Location No tax maps exist |  |                         |  |                                |          | 3  |   |  |
|   | 9 HIGH STREET  | <u>,</u>                |  | Multiple parce                 | 1        | 5d) Acreage.   |   |  |
| 6.TRANSFER                              |  |                         |  |                                |          | -  | 0   |  |
| TAX                                     | 6a) Purchase Price (If the tra                                   | ·                       |  | 6a S                           | 17_      | -1 9   |   |  |
|   | 6b) Fair Market Value (enter<br>if 6a) was of nominal value)     | a value only if you     | entered "0" in 6a) or                          | 6b\$                           |          | 132600.00  |   |  |
|   | 6c) Exemption claim - Ch   | eck the box if either g | rantor or grantee is claimi                    | ng exemption from              | transi   | er tax and expla                                     | în.   |  |
|   | Deed from husband to h   | imself and his          | wife.  |                                |          | _  |   |  |
| i<br>I                                  |  |                         |  |                                |          |  |   |  |
|   | 7. DATE OF TRANSFER (MM-DD                                       | -YYYY)                  | 8. WARNING TO BUY                              | ER-if the property             | ıs class | afied as Farmian                                     | d, Open Space or                              |  |
|   | 11 10 20   | 1.6                     | Tree Growth, a Subst<br>subdivision, partition | antial financial pen           |          | uld be triggered                                     |   |  |
|   | MONTH DAY YEAR   | }                       |  |                                | L        | CLASSIFIED   |   |  |
|   | IMSTANCES—Were there any sp<br>at the price paid was either more |                         |  | INCOMETAX WITHI                | HEED-    | <ul> <li>Buyer(s) not re<br/>Maine income</li> </ul> | equired to withhold tax because:              |  |
| If yes, check the                       | ox and explain   |                         |  | Seller has q                   | ualifie  | d as a Maine resi                                    | dent  |  |
|   |  |                         |  |                                |          |  | he State Tax Assessor<br>ess than \$50,000    |  |
| 11.OATH                                 | Aware of penalties as set fo                                     | rth by Title 36 54641-  | K. we hereby swear or affi                     |                                |          |  |   |  |
|   | our knowledge and belief, it is                                  | true, correct, and com  | plete/Grantee(s) and Gran                      | ntor(a) or their auth          | orized   | agent(s) are req                                     | uired to sign below:                          |  |
|   | Grantee Many V. 4  | Date                    | 11/20/16 Grantor                               |                                | an       | ······································               | Date 17/0/19                                  |  |
| 10 DDED4050                             | John W   | n. Voorhees,            | Esq. Grantor                                   |                                | 207      | -443-1333  | Date  |  |
| 12. PREPARER                            | ell DES  | shington Str            |  | Phone Number .  E-Mail Address |          | n@voorhee  | slaw.com                                      |  |
|   | Mannin Vaciess —   | ME 04530                |  | (Walless                       |          |  |   |  |

Merits: 0011615450301 Trips: 6163552250001

|  | 0 |
|--|---|
|--|---|

\*12RETTD\*

#### **MAINE REVENUE SERVICES** REAL ESTATE TRANSFER TAX **DECLARATION**

11/14/2016 1:44 PM

2016R-08672

| RE                                   | TTD  | ·   TITLE 36,   | M.R.S.A. SECTIONS §§   | 4641-4641N                        |   | State of Mair                          | o Transfer Tax       |
|--------------------------------------|--|---|--|-----------------------------------|---|--|----------------------|
| 1. County                            |  |   |  |                                   |   | SAGADAHOC                              | COUNTY MAINE         |
| SAGADA                               | HOC  |   |  | ļ                                 |   |  |                      |
| 2. Municipality                      | //Township   |   |  |                                   |   | 2016                                   | -8672                |
| BATH                                 |  | <del>, , , , , , , , , , , , , , , , , , , </del>                           |  |                                   |   |  |                      |
| 3. GRANTEE/                          |  |   |  |                                   | BOOK  | /PAGEREGISTI                           | RY USE ONLY          |
| PURCHASER                            | RIENDEAU   | J, RONALD   | A.   |                                   |   |  |                      |
|                                      | RIENDEAU   | INESS EIRST MI  | 7 A.   | <del></del>                       |   |  |                      |
|                                      | 3el Mailing Address<br>19 NORTH                    | STREET  |  |                                   |   |  |                      |
|                                      | TOPSHAM  | unaga, pantopa munda produce — — — to to                                    | **************************************                                     |                                   |   | ME                                     | 04086                |
| 4. Grantor/<br>Seller                | AA832, I   | INESS, FIRST, MI<br>LC  |  | d describe and a second and debt. |   |  |                      |
|                                      | 4r) Name, LAST or BUS                              | INESS, EIRST, A)L   |  |                                   |   |  |                      |
| •                                    | 4e) Mailing Address                                | W 4) hispe  | MAG Sound  | Dr.                               |   |  |                      |
|                                      | PALM CIT   |   |  | ·                                 |   | 4g) State<br>FL                        | 4h)Zip Code<br>34990 |
| 5, PROPERTY                          | 5a) Map<br>26<br>5c) Physical Location<br>832 WASH | Block NGTON STF   | tot Sub-Lot 163 Sub-Lot REET, BATH   | describes Check any No 1          | of property—Enter the sthe property being so sthat apply: tax maps exist tiple parcels tion of parcel |  |                      |
| 6. TRANSFERTA                        | X 6a) Purchase                                     | Price (If the transfer  | is a cift. enter "0")  |                                   | 6a 1  | (                                      | <b>00.</b> 00886     |
|                                      | 6b) Fair Mark                                      |   | ue only if you entered "0  | )*in 6a) or                       | 6b  |  | .00.                 |
| - 1 mn mn                            | 6c) Exemption                                      | claim - Check the   | box if either grantor or gr  | rantee is claiming                | exemption from tra  | nsfer tax and exp                      | olain                |
| 7. DATE OF TRA<br>11-10<br>MONTH     | ANSEER (MM-DD-YYY<br>D-2016                        |   | O BUYER-If the property intial financial penalty could                     |                                   |   |  |                      |
| 9. SPECIAL CIRC<br>in the transfer w | UMSTANCES-Were                                     | here any special circum<br>price paid was either in<br>the box and explain: |  | _ 📮                               | THHELD-Buyer(s) n<br>Income ta<br>Seller has qualified<br>A waiver has been i                         | x because:<br>as a Maine resid         | ent                  |
| ¥ 114 1/1/400                        |  |   |  |                                   | Consideration for the Foreclosure Sale  |  |                      |
| 11.OATH                              |  |   | o 36 54641-K, we hereby sw<br>ct, and complete. Grantee(<br>Date // -/D-// | (s) and Grantor(s) o              |   | gent(s) are requ                       |                      |
|                                      | Grante Lauri                                       |   |  | Grantor                           |   |  | )ate                 |
| 12. PREPARER                         | Name of Preparer                                   | Bernstein Shur Sawyer &   | Nelson   | Phone                             | Number 207-774-12   | ······································ |                      |
| u                                    | Mailing Address                                    | 100 Middle Street   | 04   | E-Mall                            | Address bsmlth@t  | emstelnshur,co                         |                      |
|                                      |  | Portland, ME 0410   | U1<br>A gov/reversio/oronartid   | Fax Nu                            |   |  | <b>!</b>             |

Merits: 0011615449306 Trips: 6163552290006

|   | 12RETTD*<br><b>TTD</b>                            | 00                                    | MAINE REVE<br>REAL ESTATE<br>DECLA<br>TLE 36, M.R.S.A. SE         | TRANSFERT   | ΆX                                    |                                       | c                          | 2016R<br>Transfer T                           | 16 1:49 PM<br>- <b>08673</b><br>ax of 50.60<br>se Transfer Ta |              |
|---|---|---------------------------------------|---|---|---------------------------------------|---------------------------------------|----------------------------|---|---|--------------|
| 1. County                                 |   |                                       |   |   |                                       |                                       |                            |   | COUNTY MAI  |              |
| SAGADA                                    | HOC   |                                       |   |   |                                       |                                       |                            |   |   |              |
| 2. Municipality                           | /Township   |                                       |   |   |                                       |                                       |                            | 016-  | 8673  |              |
| BATH                                      | • - •   | 4n                                    | · · · · · · · · · · · · · · · · · · ·                             | antaga (yan dia adiri minar ( )                   | 1                                     |                                       | Ø                          | DIE   | 00  |              |
| 3. GRANTEE/                               |   |                                       |   |   |                                       |                                       | BOOK/P                     | age-regist                                    | RY USE ONLY   |              |
| PURCHASER                                 | 3a) Name LAST of BU<br>RIENDEA                    | J, RON                                | ALD A.  |   | ·                                     |                                       |                            |   |   |              |
|   | RIENDEAU  | SINESS,EIRST,M<br>J, DOR              | OTHY A.   |   | <del></del>                           |                                       | ſ                          |   |   |              |
|   | 3elMailiog Address<br>9 NORTH                     | STREE                                 | T   |   |                                       |                                       |                            |   |   |              |
|   | TOPSHAM   |                                       |   |   |                                       |                                       |                            | ME  | 04086   |              |
| 4. GRANTOR/<br>SELLER                     | AA826, I  | SINESS, FIRST, M                      |   |   | · · · · · · · · · · · · · · · · · · · |                                       | ĺ                          |   |   |              |
|   | Ach Name (ASTORE                                  |                                       |   |   | ~                                     |                                       | i).                        |   |   |              |
|   | <u> </u>  | **- ****                              | J. A.A  |   |                                       |                                       |                            |   |   |              |
|   | 4e) Malling Address                               |                                       |   |   |                                       | · · · · · · · · · · · · · · · · · · · | ******                     |   |   |              |
|   | 3864 SL   | $1 \omega h$                          | specing Soi   | all bay   |                                       |                                       |                            | 1   |   |              |
|   | 4f) City  | 74 - 25 TO THE AUTOMATE IN            | , remains the property of   |   | mercen                                |                                       | · •••••                    | 49) State                                     | 4h) Zip Cod   | e            |
|   | PALM CIT  | .Υ<br>• • •                           | e d Negatione   |   | ** *******                            | ,, <u>.</u>                           | -<br>ئــــ سه.             | , 17, 17 . <sup>‡</sup>                       | 34990   |              |
| 5. PROPERTY                               | 5a) Map 26  | Block                                 | : 163   | Sub-tor 1   | describe<br>Check an                  |                                       | being sold.<br>:           | ode number tha<br>(See Instruction<br>Acreage |   |              |
|   | 5c) Physical Location<br>828 WASH                 | NGTON                                 | STREET,   | BATH  | Mu                                    | iltiple parcel<br>tion of parce       | s                          |   | 0.37  |              |
| 6.TRANSFERTA                              | X 6a) Purchase                                    | Price (if the                         | transfer is a gift, ente  | r "0")  |                                       | ба                                    |                            |   | 11200   | .00          |
|   | 6b) Fair Mark<br>if 6a) was of r                  |                                       | er a value only if you<br>e)                                      | r entered "0" in 6a)                              | ) ОГ                                  | 6b                                    |                            |   |   | .00          |
|   | 6c) Exemption                                     | claim -                               | Check the box if either   | grantor or grantee Is                             | claiming                              | <u>۔۔۔</u><br>ا exemption             | from transf                | er tax and exp                                | olain,  |              |
|   |   |                                       |   |   |                                       | **********                            |                            |   | **************************************                        |              |
|   | NSFER (MM-DD-YYY<br>-2016 ;                       |                                       | RNING TO BUYER-If the a substantial financial p                   |   |                                       |                                       |                            |   |   | se.          |
| 9. SPECIAL CIRC                           | UMSTANCES—Were                                    |                                       |   | 10.INCOM  | ETAX WI                               |                                       |                            |   | ithhold Maine   |              |
| in the transfer w<br>than its fair mark   | hich suggest that the<br>ket value? If yes, check | price paid wa<br>; the box and (      | s either more or less 🗢<br>explain:                               | <del></del>                                       |                                       |                                       | come tax b<br>Jualified as | recause:<br>a Maine resid                     | ent   |              |
| A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |   |                                       |   |   |                                       |                                       |                            |   | e State Tax Asse  |              |
|   |   | a                                     | •   |   | H                                     | Considerati<br>Foreclosure            |                            | property is le                                | ss than \$50,000  | •            |
| 11. OATH                                  | Aware of penalt<br>our knowledge an               | les as ser fort<br>d bellet, it is tr | h by Title 36 \$4641-K, v<br>ue, correct <del>, and com</del> ple | ete. Grantee(s) and G                             | rantor(s)                             | t we have ea<br>or their auti         | ich examin<br>onzed age    | nt(s) are requi                               | ired to sign bel  | ow:          |
|   | Grantee (497)                                     | 7/11/11                               |   | 1-10-14 Grant                                     |                                       |                                       |                            |   |   | <u>3-</u> 14 |
| 12. PREPARER                              | Gransfe 5/214                                     | Beinstein Shur                        | Sawyer & Nolson   | -10-14 Coroni                                     |                                       |                                       | 7-774-1200                 | C   | Pate  | <del></del>  |
|   | Name of Preparer  Mailing Address                 | 100 Middle S                          |   | · <del>····································</del> |                                       | : 140111D61                           |                            | nstoinshur.co                                 | מי  | www.         |
|   | mining rousess                                    | Portland, N                           | /E 04101  |   |                                       | umber                                 |                            |   |   |              |
|   |   | Linksoffeen                           |   |   |                                       |                                       |                            |   |   |              |

Merits: 0011615450305 Trips: 6163552250005

\*12RETTD\*

## **REAL ESTATE TRANSFER TAX DECLARATION**

**MAINE REVENUE SERVICES** 

11/14/2016 3:34 PM

#### 2016R-08678

| RE                                   | TTD  | TITLE                                       | 36, M.R.S.A. SEC  | TIONS §§4641                  | 46411           |   |                      | Transfer T   | ax of 528,00<br>ne Transfer Tax     | ĸ                      |
|--------------------------------------|--|---|---|-------------------------------|-----------------|---|----------------------|--|-------------------------------------|------------------------|
| 1. County                            |  |   |   |                               |                 | 1   |                      | SAGADAHOC  | COUNTY MAIN                         | E                      |
| SAGADAI                              | HOC  |   |   |                               |                 |   |                      |  |                                     |                        |
| 2. Municipality/                     | Township   |   |   |                               |                 |   |                      | 2016-  | - 8678                              | 3                      |
| BATH                                 |  |   | ····  |                               |                 |   |                      |  |                                     |                        |
| 3.GRANTEE/<br>PURCHASER              |  | rece process                                |   | ···                           |                 |   | ВОО                  | K/PAGEREGIST   | RY USE ONLY                         |                        |
|                                      | SIDELING   | ER, MAT                                     | THEW S.   |                               |                 |   | ] [                  |  |                                     |                        |
|                                      | SIDELING   | ER, TAS                                     | HA N.   |                               | · <del></del> , |   | ] [                  |  |                                     |                        |
|                                      | 3elMalling Address 16 CLIFT(   | ON STRE                                     | ET  |                               |                 |   |                      |  |                                     |                        |
|                                      | 3I)Cliy<br>BATH  |   |   |                               |                 |   |                      | ME   | 04530                               |                        |
| 4. GRANTOR/<br>SELLER                | MORSE, W   | IESS, FIRST, MI<br>LLLIAM                   |   |                               |                 |   | ] [                  |  |                                     |                        |
|                                      | MORSE, Lo  | JESS, EIRST, MIL<br>OR I                    |   |                               |                 |   | ] [                  |  |                                     |                        |
|                                      | 4e) Malling Address 164 HIGH   | STREET                                      |   |                               |                 |   |                      | 1  | ł                                   |                        |
|                                      | 46) City<br>BATH   |   |   |                               |                 |   |                      | 49) State<br>ME                                      | 4h)Zlp Cod<br>04530                 | e                      |
| S. PROPERTY                          | 5a) Map 40   | Block                                       | Lot 16  | Sub-Lot                       | descr<br>Check  | ibes the proper<br>any that appl                  | ty being :<br>ly:    | he code number th<br>old. (See Instruction           | at best                             |                        |
| [                                    | Sc) Physical Location 164 HIGH   | STREET                                      |   |                               | , <b>3</b> ,    | No tax maps of<br>Multiple parc<br>Portion of par | els 🗀                | Sd) Acreage  | •                                   |                        |
| 6.TRANSFERTA                         | X 6a) Purchase F   | rice (if the tran                           | sfer is a gift, ente  | r"0")                         | ,               | 6а  |                      | 1  | 20000                               | .00                    |
|                                      | 6b) Fair Marke<br>If 6a) was of no   |   | value only if you   | entered "0" in 6              | a) or           | 6b  |                      |  |                                     | .00                    |
|                                      | 6c) Exemption  | daim – 🔲 Che                                | ck the box if either g  | grantor or grantee            | is claimi       | ng exemptio                                       | n from t             | ransfer tax and e                                    | oplain.                             |                        |
|                                      |  |   |   |                               |                 |   |                      |  |                                     |                        |
|                                      | NSFER (MM-DD-YYYY)<br>1-2016   |   | ING TO BUYER-If th<br>obstantial financial p  |                               |                 |   |                      |  |                                     | ise.                   |
| 9. SPECIAL CIRC<br>in the transfer w | CUMSTANCES—Were the suggest that the place to the suggest that the suggest the suggest that the suggest that the suggest | rice paid was eit                           | her more or less  | ] 10. INCO                    | METAX<br>[      | Seller ha   | income<br>s qualifi  | not required to<br>tax because:<br>ed as a Maine res | ldent                               |                        |
|                                      |  |   | The girls all the state of the | a b                           |                 |   | ration fo            | n received from t<br>r the property is l             |                                     |                        |
| 11, OATH                             | our knowledge and  | es as set forth by<br>I belief, It is true, |   | ete. Grantee(s) and           | Granto          | that we have                                      | each ex<br>uthorized | amined this retu<br>d agent(s) are req               | m and to the be<br>uired to sign be | st of<br>low:<br>44-// |
|                                      | Grantee al   | 250NO011                                    | Date 1  | <u>/-/4-/C</u> , GG<br>- 4- ( |                 | 410   | <u> </u>             |  | Date 11 /14                         | 116                    |
| 12. PREPARER                         |  | David A. King, Esq                          |   |                               | <del></del> [-  | one Number  | 207-442-             | 7971   |                                     |                        |
| **                                   | Mailing Address  | 108 Front Street                            | , Bath, ME 04530  |                               |                 | Mail Address                                      | farmiffe             | e_daveaking@c  | omcast.net                          |                        |
| H                                    |  | Laboration                                  |   | - (                           | Fa              | x Number  |                      |  |                                     |                        |

http://www.maine.gov/revenue/propertytax/transfertax/transfertax.htm

Merits: 0011615450306 Trips: 6163552250006

24

Multiple parcels

Portion of parcel

| RE'   | OO<br>L2RETTD*  | MAINE REVENUE SERVICE REAL ESTATE TRANSFER DECLARATION TITLE 36, M.R.S.A. SECTIONS §§464 | TAX   // 1/4/2016 4:01 P M  |
|---|---|--|---|
| 1.County  | HUC.  | _  | Transfer Tax of 0.00  |
| 2. Municipality                                   |   |  | State of Maine Transfer Tax SAGADAHOC COUNTY MAINE  |
| BATH  |   |  | (2016-8680)   |
| 3. GRANTEE/<br>PURCHASER<br>4. GRANTOR/<br>SELLER | 3() City BATH  4a) Name, LAST or BUSINESS, FIR              | PTHEW K.   | BOOK/PAGE—REGISTRY USE ONLY   |
| 5. PROPERTY                                       | 4e) Mailing Address 25 GREEN ST  4f) City BATH  5a) Map Blo | REET   | 4g) State 4h) Zip Code  ME 04530  5b) Type of property—Enter the code number that best describes the property being sold. (See Instructions)—> 202  Check any that apply: |

Sc) Physical Location

25 GREEN STREET

| 6.TRANSFERTA      | X 6a) Purchase I  | Price (If the transfer is a gift, en   | ter*0*)  |  | 6a                         |  | .00.  |  |
|-------------------|---|--|--|--|----------------------------|--|---|--|
|                   | 6b) Fair Marke<br>If 6a) was of n   | st Value (enter a value only if y<br>ominal value)   | ou entered *0  | "In 6a) or   | 6b                         |  | 235900.00   |  |
|                   | 6c) Exemption claim – 🕢 Check the box if either grantor or grantee is claiming exemption from transfer tax and explain. |  |  |  |                            |  |   |  |
| Title 36: S       | 4641-C 4. Deed  | s between certain family   | members.   | (Spouse t  | o Spouse                   | and Spouse)  | ing yapang salaman ga dagayan kanan kanan kanan sa sa salamah kanan kanan kanan k       |  |
|                   | NSFER IMM-DD-YYY 4 - 2016 DAY YEAR  | 7) 8. WARNING TO BUYER-1<br>front a substantial financi                                      |  |  |                            |  | owth, or Working Water-<br>partition or change in use.<br>【 CLASSIFIED                  |  |
| in the transfer w |   | here any special circumstances<br>price paid was either more or less<br>the box and explain: |  | INCOMETA   | Seller ha                  | income tax beca<br>is qualified as a M<br>has been receive<br>ration for the pro | *** - *   |  |
| 11,0ATH           | Aware of penalt<br>our knowledge on<br>Grantee  | and Mark Date  | K, we hereby sy<br>plete, Grantee(<br>11/14/16<br>11/14/16 | vear or affirm<br>s) and Grant<br>Granton<br>Grantor | or that we have            | e each examined t<br>whorized agent(s  | his return and to the best of<br>) are required to sign below;<br>Date 14/14/16<br>Date |  |
| 12. PREPARER      | Name of Preparer  | Hopkinson & Abbondanza, P.A.   | ···-   | P  | hone Number                |  | -   |  |
|                   | Mailing Address   | 746 High Street Bath, ME 04530   |  | f  | -Mail Address<br>ax Number | djackson@habla   | W com   |  |
|                   | •   | http://www.maine.gov/reve  | nue/propertyt  | ax/transiert   | axttansteltax              |  |   |  |

Merits: 0011615450308 Trips: 6163552250008



12RETTD\*

RETTD

## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

TITLE 36, M.R.S.A. SECTIONS §§4641-4641N

11/15/2016 12:12 PM

#### 2016R-08683

1. County Transfer Tax of 356,40 State of Maine Transfer Tax Sagadahoc SAGADAHOC COUNTY MAINE 2. Municipality/Township 2016-8683 Bath BOOK/PAGE—REGISTRY USE ONLY 3. GRANTEE/ **PURCHASER** <u>3b)</u> 3a) Name LAST or BUSINESS, FIRST, MI CHARLES В. WASHINGTON 3c) Name, LAST of BUSINESS, FIRST, MI 3d) Sel Mailing Acdress 1 MACMILLAN DRIVE if)City ME 04011 BRUNSWICK 4b) 4a) Name, LAST or BUSINESS, FIRST, MI 4. GRANTOR/ **SELLER** WELLS FARGO BANK, N.A. AcIName, LAST OC BUSINESS EIRST, MI 4d) 4e) Mailing Address 8480 STAGECOACH CIRCLE 4h) Zip Code 4g) State 4f) City 21701 MD FREDERICK 5b) Type of property—Enter the code number that best describes the property being sold. (See Instructions)—> Sub-Lot 5. PROPERTY 5a) Map Block Lot 21 96 Check any that apply: No tax maps exist 5d) Acreage Se) Physical Location Multiple parcels 1045 High Street Portion of parcel **6. TRANSFERTAX** 6a) Purchase Price (If the transfer is a gift, enter "0") ба \$ 80.666.00 6b) Fair Market Value (enter a value only if you entered "0" in 6a) or бb if 6a) was of nominal value) Check the box if either grantor or grantee is claiming exemption from transfer tax and explain. 6c) Exemption claim -8. WARNING TO BUYER-If the property is classified as Farmland, Open Space, Tree Growth, or Working Water-7. DATE OF TRANSFER (MM-DD-YYYY) front a substantial financial penalty could be triggered by development, subdivision, partition or change in use. 11 09 CLASSIFIED 10. INCOME TAX WITHHELD-Buyer(s) not required to withhold Malne 9, SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer which suggest that the price paid was either more or less income tax becauses than its fair market value? If yes, check the box and explain: Seller has qualified as a Maine resident MA waiver has been received from the State Tax Assessor Consideration for the property is less than \$50,000 Foreclosure Sale Aware of penalties as set forth by Title 36 \$4641-K, we hereby swear or affirm that we have each examined this return and to the best of 11.0ATH our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below: Date Grantor Date Grantor 12. PREPARER (207)794-6131 Gateway Title of Maine, Inc. Phone Number Name of Preparer lincoln@gatewaylitleme.com 49 W. Broadway, Lincoln, ME 04457 E-Mail Address Mailing Address (207)794-6133 Fax Number

SPR

http://www.maine.gov/revenue/propertytax/transfertax/transfertax.htm

### PROCESSED ONLINE. DO NOT RE-PROCESS.

DLN: 1001640011026

## MAINE REVENUE SERVICES

Date Recorded 11/15/2016

Registry Sagadahoc

| REALE | STATE TRANSFER TAX |
|-------|--------------------|
|       | DECLARATION        |

Time Recorded 02:20:00 PM RETTD TITLE 36, M.R.S.A. SECTIONS §§4641-4641N Transfer Tax Amount \$330.00 Sagadahoc Document Number 2016r-08693 1. County Book 2016 BATH Page 8693 2. Municipality/Township BOOK/PAGE—REGISTRY USE ONLY 3. GRANTEE/ **PURCHASER** ZAMORA **GILBERT** P 3a) Name (LAST) (FIRST) (MI) 3b) SSN or Federal ID CIOE-ZAMORA JUDITH R. 3c) Name (LAST) (FIRST) (MI) 3d) SSN or Federal ID 1255 FORRESTAL AVENUE 3e) Mailing Address SAN JOSE 95110 CA 3f) City 3h) Zip Cođe 3g) State 4. GRANTOR/ SIKORA **KATHLEEN** T. SELLER 4a) Name (LAST) (FIRST) (MI) 4b) SSN or Federal ID 4c) Name (LAST) (FIRST) (MI) 4d) SSN or Federal ID 37 DAVENPORT STREET 4e) Mailing Address AUGUSTA 04330 ME 4f) City 4h) Zip Code 4g) State 5. PROPERTY 5b) Type of property—Enter the code number that best 25 149 describes the property being sold. (See instructions) 201 Check any that apply: Sa) Map Sub-Lot No tax maps exist Multiple parcels 148 NORTH STREET 0.20 Portion of parcel 5c) Physical Location 5d) Acreage 6. TRANSFER TAX .00 6a) Purchase Price (If the transfer is a gift, enter "0") \$75,000 6b) Fair Market Value (enter a value only if you entered "0" in 6a) or .00 if 6a) was of nominal value) 6b бс) Exemption claim – 🦳 Check the box if either grantor or grantee is claiming exemption from transfer tax and explain. 7. DATE OF TRANSFER (MM-DD-YYYY) 8. WARNING TO BUYER-If the property is classified as Farmland, Open Space, Tree Growth, or Working Waterfront a substantial financial penalty could be triggered by development, subdivision, partition or change in use. 2016 11 14 CLASSIFIED MONTH DAY YEAR 9. SPECIAL CIRCUMSTANCES—Were there any special circumstances 10. INCOME TAX WITHHELD-Buyer(s) not required to withhold Maine in the transfer which suggest that the price paid was either more or less income tax because: than its fair market value? If yes, check the box and explain: Seller has qualified as a Maine resident A waiver has been received from the State Tax Assessor Consideration for the property is less than \$50,000 Foreclosure Sale 11, OATH Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below: Grantee \_ KATHLEEN T. SIKORA 11/15/2016 Grantor \_ GILBERT P ZAMORA Date 11/15/2016 JUDITH R. CIOE-ZAMORA 11/15/2016 12. PREPARER ANNE OWENS (207) 872-0112 Name of Preparer Phone Number 112 SILVER ST. E-Mail Address \_\_aowens@olmplaw.com Mailing Address WATERVILLE, ME 04901

Fax Number

Merits: 0011615450311 Trips: 6163552250011

|--|

## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

|                          | amamamama v<br>2rettd*  |                         | ECLARATION                                   | 1             | •             | 11 110                         | 0/2016 1  | 1:05                | ΑI           | M              |
|--------------------------|---|-------------------------|--|---------------|---------------|--------------------------------|---|---------------------|--------------|----------------|
| _                        | TTD   | ı                       | S.A. SECTIONS §                              |               | 41N           |                                | •   |                     | _            | ,,,,           |
| 1. County                |   |                         |  |               |               | 2                              | DIG R-C<br>Transfer   | DV OF               | . O. /       | 20             |
| SAGADAI                  | HOC   |                         |  |               |               | Sta                            | ransier<br>ite of Maine i<br>ADAHOC CC                          | Transfe             | er Tax       | ί.             |
| 2. Municipality/         | Township  |                         |  |               |               | SAG                            |   |                     | 1            | l Bund         |
| BATH                     |   |                         |  |               |               | (                              | 2016-   |                     |              |                |
| 3. GRANTEE/<br>PURCHASER |   |                         |  |               | L             | ВС                             | <del>)ok/</del> páge—regis<br>–                                 | IRY USE C           | )NLY<br>     |                |
|                          | 3a) Name LAST or BUSINESS, I<br>CARR, SUZA  | irst, mi<br>NNE         |  |               |               |                                | ſ   |                     |              |                |
|                          | JAN JAN   | IRST. MI                |  |               |               |                                | <u>.</u><br>1   |                     |              |                |
|                          | 3e) Mailing Address   |                         |  |               |               | 1                              | <u> </u>  |                     |              |                |
|                          | 1 CEDAR LAI   | VE                      |  |               |               |                                |   | _3(I) <u>4</u> (I)  | 11 / 21 P    |                |
|                          | BATH  |                         |  |               |               |                                | ME  | 045                 | 30           |                |
| 4. GRANTOR/<br>SELLER    | 4a) Name, LAST or BUSINESS, CARR, SUZA  |                         |  |               |               |                                | <del>-</del><br>!   |                     |              |                |
| Jerren                   | 40 Name LAST of BUSINESS.   |                         | <del> </del>                                 |               |               |                                | 1   |                     |              |                |
|                          |   |                         |  |               |               |                                |   |                     |              |                |
|                          | 4e) Mailing Address   |                         |  |               |               |                                |   |                     |              |                |
|                          | 1 CEDAR LA  | VE                      |  |               |               |                                |   | J                   |              |                |
|                          | 4() City  |                         |  | <del> </del>  |               |                                | 4g) State   | 7                   | Zip Code     | ·              |
|                          | BATH  |                         |  |               |               |                                | ME  | 104                 | 530          |                |
| 5. PROPERTY              |   | lock Lo                 |  |               |               |                                | er the code number the  |                     |              | 7              |
|                          | 16  |                         | 37   |               | eck any t     | hat apply:                     | is mount fore inscreen  | """, - 1            | <del></del>  |                |
|                          | Sc) Physical Location   |                         |  |               | ===           | x maps exist                   | 5d) Acreage   |                     |              | <del>-</del> 1 |
|                          | 1 CEDAR LAN   | E                       |  |               |               | ple parcels<br>on of parcel    |   | 1                   | 64           |                |
| 6. TRANSFER TA           | X 6a) Purchase Price  | (If the transfer is a g | rift, enter "0")                             |               |               | ба                             |   |                     |              | .00            |
|                          | 6b) Fair Market Value if 6a) was of nomin   |                         | ly if you entered                            | 0"in 6a) o    | r             | 6b                             | 2   | 763                 | 300          | .00            |
|                          | 6c) Exemption claim   | - Check the box         | if either grantor or g                       | grantee is cl | laiming e     | xemption from                  | n transfer tax and e  | xplain.             |              |                |
| Exempt pursu             | mant to Title 36 Se   |                         |  |               |               |                                |   | <del></del>         | <del>,</del> |                |
| 100                      | NSFER (MM-DD-YYYY)  RD 2016  DAY YEAR   |                         | YER-If the property<br>financial penalty cou |               |               |                                |   | on o <u>r c</u> hai |              | se.            |
| in the transfer wi       | UMSTANCES—Were there a<br>hich suggest that the price<br>set value? If yes, check the b | oaid was either more    |  | ). INCOME     | -             | incon                          | r(s) not required to<br>ne tax because:<br>ified as a Maine res |                     | Maine        |                |
|                          |   |                         |  | 7             |               | •                              | een received from   |                     | Tax Asse:    | ssor           |
|                          |   |                         |  |               | 4-440,        |                                | for the property is   | less than           | \$50,000     |                |
| 71. OATH                 | Aware of penalties as   | set forth by Title 36 8 | 4641-K. we hereby                            | Swear or aff  | fere wel      | Foreclosure Sa<br>we have each |   | rn and to           | the best     | t of           |
|                          | Aware of penalties as our knowledge and pelic   |                         |  |               |               | r ineir authori:               | zed agent(s) are rec  |                     |              |                |
|                          | ,Grantee  |                         | Date (0 · 6 · ) (                            | -             | $\overline{}$ | Ma                             |   |                     | 0-b          | طان            |
| 12. PREPARER             | Grantee McCa  | ndless & Coburn LLC     | Date LA . A . 1                              | Grantor       |               | Number 207 52                  | 23-3434   | . Date              |              |                |
|                          | Name of Preparer  | ork Street              |  |               |               | Number<br>Address              |   | <del></del>         |              |                |
|                          |   | land ME 04101           | •  |               | Fax Nu        | 207                            | 523-3438  |                     |              |                |
|                          | h   | ttp://www.maine.go      | //revenue/property                           | tax/transfe   | ertax/trar    | ısfertax.htm                   |   |                     |              |                |

### **PROCESSED** ONLINE. DO NOT RE-PROCESS

DLN: 1001640011039

## **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX**

| Registry            | Sagadahoc   |
|---------------------|-------------|
| Date Recorded       | 11/16/2016  |
| Time Recorded       | 02:54:00 PM |
| Fransfer Tax Amount | \$523.60    |
| Document Number     | 2016R-08715 |
|                     | 2016        |
|                     |             |

| DE'   | TTD                                      | TITLE 26 M D C A SEC  |  |                                   | Time Recorded   | 02:54:00 P                      | 'M             |
|---|--|---|--|-----------------------------------|---|---------------------------------|----------------|
| NE  |  | TITLE 36, M.R.S.A. SEC  | 110N3 334041-404                             | Tran                              | sfer Tax Amount   | \$523.60                        |                |
| Sagadaho  | oc                                       |   |  | Do                                | ocument Number  | 2016R-087                       | 715            |
| 1. County   |  |   |  |                                   | Book  | 2016                            |                |
| BATH  |  |   |  |                                   | Page  | 8715                            |                |
| 2. Municipality   | /Township                                |   |  | -                                 | BOOK/PAGE—REG   |                                 |                |
| 3. GRANTEE/<br>PURCHASER                                  | WATKINS<br>3a) Name (LAST)               | NICKOLA:  | S  | J<br>(MI)                         | 3b) SSN or Fede   | ral ID                          |                |
|   | WATKINS 3c) Name (LAST)                  | BREANNA<br>(FIRST)  |  | J<br>(MI)                         | 3d) SSN or Feder  | ral ID                          |                |
|   | 610 MIDDLE S  3e) Mailing Address        | ST.   |  |                                   |   |                                 | <del></del> 1  |
|   | BATH<br>3f) City                         |   |  |                                   | ME<br>3g) State   | 04530<br>3h) Zip Code           |                |
| 4. GRANTOR/<br>SELLER                                     | HOFERT<br>4a) Name (LAST)                | EVE<br>(FIRST)  |  | A<br>(MI)                         | 4b) SSN or Feder  | ral ID                          |                |
|   |  | (FIRST) WEALTH AVE  |  | (MI)                              | 4d) SSN or Feder  | al ID                           |                |
|   | Ae) Mailing Address NEWTON 4f) City      |   |  |                                   | ME<br>4g) St  | 02459<br>ate 4h) Zip Co         | ode            |
| 5. PROPERTY   | 32<br>5a) Map                            | Block Lot   | des  |                                   |   |                                 |                |
|   | 610 MIDDLE S  Sc) Physical Location      | ST.   |  | Multiple parce<br>Portion of parc | ls 0.00   |                                 |                |
| 6. TRANSFER TA  | AX<br>6a) Purchase Price                 | e (If the transfer is a gift, enter   | "O")   | 6a                                | \$119,000   |                                 | 00.            |
|   | 6b) Fair Market Va<br>if 6a) was of nomi | llue (enter a value <b>only</b> if you<br>nal value)                            | entered "0" in 6a) or                        | 6b                                |   |                                 | .00            |
|   | 6c) Exemption clair                      | m – Check the box if either g   | rantor or grantee is clair                   | ning exemptior                    | n from transfer tax and   | l explain.                      | _              |
| 7. DATE OF TRA  | ANSFER (MM-DD-YYYY) 12 2016 DAY YEAR     | 8. WARNING TO BUYER-If the front a substantial financial p                      |  |                                   |   |                                 | use.           |
| 9. SPECIAL CIRC<br>in the transfer w<br>than its fair mar | UMSTANCES—Were there                     | any special circumstances<br>e paid was either more or less<br>box and explain: | 10. INCOMETA                                 | Seller has A waiver h             | Buyer(s) not required income tax because: qualified as a Maine r nas been received fror tion for the property re Sale | esident<br>n the State Tax As   | ssessor        |
| 11. OATH  |  |   | te, Grantee(s) and Grante $/16/2016$ Grantor | or(s) or their aut<br>NICKOLAS    | horized agent(s) are r<br>J WATKINS   | equired to sign b<br>Date11/16/ | elow:<br>/2016 |
| 40 00000000   | Grantee                                  | Date  | - G. B. (C)                                  |                                   | J WATKINS   | Date11/16/                      | /2016          |
| 12. PREPARER  |  | VANDA BIENVENUE<br>0 MARKET ST  |  | hone Number<br>-Mail Address      | (603) 621-1553<br>wbienvenue@mssg.c   | com                             |                |

MANCHESTER, NH 03101

### **PROCESSED** ONLINE. DO NOT RE-PROCESS.

DLN: 1001640011050

#### **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION**

| Registry            | Sagadahoc   |
|---------------------|-------------|
| Date Recorded       | 11/17/2016  |
| Time Recorded       | 01:23:00 PM |
| Transfer Tax Amount | \$1,762.20  |
| Document Number     | 2016r-08747 |
| Book                | 2016        |
|                     |             |

| DE.                                 | TTN  | TITLE 26 MOCA CEA                               | CTIONIC CEACAL ACAINI   | _  |   |                                |                   |
|-------------------------------------|--|---|---|--|---|--------------------------------|-------------------|
| NE                                  | TTD  |   | CTIONS §§4641-4641N   | Transfe  | r Tax Amount  | \$1,762.20                     |                   |
| Sagadaho                            | oc   |   |   | Docu   | ıment Number  | 2016r-0874                     | 17                |
| 1. County                           |  |   |   | -  | Book  | 2016                           |                   |
| BATH                                |  |   | 1000000   |  |   | 8747                           |                   |
| 2. Municipality                     | /Township  |   |   | _  | BOOK/PAGE—REG   |                                |                   |
| 3. GRANTEE/<br>PURCHASER            | HUGGER<br>3a) Name (LAST)  | NANCY<br>(FIRST)                                |   | B<br>(MI)  | 3b) SSN or Feder  |                                |                   |
|                                     | 3c) Name (LAST)  | (FIRST)   |   | (MI)   | 3d) SSN or Feder  | al ID                          |                   |
|                                     | 51 HIGH STREE  | T   |   |  | ,   |                                |                   |
|                                     | 3e) Mailing Address  |   |   |  |   |                                |                   |
|                                     | BATH   |   |   |  | ME  | 04530                          |                   |
|                                     | 3f) City   |   |   |  | 3g) State   | 3h) Zip Code                   |                   |
| 4. GRANTOR/<br>SELLER               | CATHERINE H. 4a) Name (LAST)   | SKOVE, TRUSTER                                  | E OF THE MONAL  | ONOCK TA   | AMARACK<br>4b) SSN or Feder   |                                | <u>YA JA</u> NUAI |
|                                     | 4c) Name (LAST)  | (FIRST)   |   | (MI)   | 4d) SSN or Feder  | al ID                          |                   |
|                                     | P.O. BOX 8   |   |   |  | .,  |                                |                   |
|                                     | 4e) Mailing Address  |   |   |  |   |                                |                   |
|                                     | GILSUM<br>4f) City   |   |   |  | NH<br>4g) St:   | 03448<br>ate 4h) Zip Coo       | de                |
| 5. PROPERTY                         | 45 5a) Map Blo   |   | Sub-Lot Check ar  | es the property be<br>ny that apply:<br>o tax maps exist<br>iultiple parcels | nter the code number<br>eing sold. (See instruc<br>0.37   |                                |                   |
|                                     | 5c) Physical Location  |   |   | ortion of parcel   | 5d) Acreage   | ,                              |                   |
| 5. TRANSFER TA                      | 6a) Purchase Price (I  | f the transfer is a gift, ente                  | er "0")   | 6a \$4   | 400,085   |                                | .00               |
|                                     | 6b) Fair Market Value<br>if 6a) was of nomina  | e (enter a value <b>only</b> if you<br>I value) | u entered "0" in 6a) or   | 6b   |   |                                | .00               |
|                                     | 6c) Exemption claim –  | Check the box if either                         | grantor or grantee is claimin                                   | g exemption fro  | om transfer tax and   | explain.                       |                   |
| 7. DATE OF TRA                      | 17 2016<br>DAY YEAR  |   | he property is classified as Fa<br>penalty could be triggered b |  |   |                                | use.              |
| o. SPECIAL CIRC<br>n the transfer w | CUMSTANCES—Were there an<br>which suggest that the price pa<br>ket value? If yes, check the bo | aid was either more or less                     | 10. INCOME TAX W  | inco<br>Seller has qu<br>A waiver has  | er(s) not required to<br>ome tax because:<br>alified as a Maine r<br>been received from<br>n for the property | esident<br>n the State Tax Ass | sessor            |

Foreclosure Sale

11. OATH

Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below:

Grantee CATHERINE H. SKOVE, TRIJET BIE/OH/20HE MONADINOVICY ASMARCAGIST RUST U/15/1/2 JAINIU/ARM 17, 2004

|              | Grantee          | Da              | te <u>11/1//2010</u> | Grantor |                |                     | Date     |
|--------------|------------------|-----------------|----------------------|---------|----------------|---------------------|----------|
| 12. PREPARER | Name of Preparer | DIANE JACKSON   |                      |         | Phone Number   | (207) 386-0400 Ext  |          |
|              | Mailing Address  | 746 HIGH STREET |                      |         | E-Mail Address | djackson@hablaw.com | <u> </u> |
|              |                  | ВАТН, МЕ 04530  |                      |         | Fax Number     |                     |          |

Merits: 0011615449410 Trips: 6163552280010

| _                        | 2RETTD*   | 00           | MAINE REVENUE SER<br>REAL ESTATE TRANSFI<br>DECLARATION<br>TITLE 36, M.R.S.A. SECTIONS 554                    | ER TA      | x   |   | 2016<br>Transfe<br>State of M                   | 2016 1:22 PM<br><b>iR-0877</b> ;<br>r Tax of 495,01<br>aline Transfer 1<br>oc COUNTY MA | 5<br>D<br>Tax |
|--------------------------|---|--------------|---|------------|---|---|---|---|---------------|
| 1. County                |   |              |   |            |   |   |   |   |               |
| SAGADAI                  | HOC   |              |   |            |   |   | 2016  | -877  | 5             |
| 2. Municipality/         | Township  |              |   |            |   |   | 2010  | 0 ( )   |               |
| BATH                     |   |              |   |            |   |   |   |   |               |
| 3. GRANTEE/<br>PURCHASER |   |              |   |            |   | BOOK/I  |   |   |               |
|                          | 3a) Name LAST or BUSIN                                | OF           | NEW YORK MELLON   |            |   | 3b)<br>3d)  |   |   |               |
|                          | 3e) Mallog Address [8742 LUC]                         | ENT          | BLVD, SUITE 300   |            |   |   | 3g) State                                       | 3h) Zio Code  |               |
|                          | HIGHLAND  | S RA         | ANCH  |            |   |   | - <u>3,44</u>                                   | , <u></u> -   |               |
| 4. GRANTOR/<br>SELLER    | 4a) Name, LAST or BUSI THE BANK ACINAME, LAST or BUSI | OF           | NEW YORK MELLON   |            |   |   |   |   |               |
|                          | <u> </u>  | ENT          | BLVD, SUITE 300   |            |   |   |   | ALVE - 4-1  |               |
|                          | HIGHLAND  | S RA         | NCH -   |            |   |   | 49) State                                       | 4h) Zip Code<br>80129   |               |
| 5. PROPERTY              | 5a) Map  25  Sc) Physical Location  11 COBB R         | Block<br>OAD | Lot Sub-Lot   | c          | 5b) Type of propen<br>describes the prope<br>heck any that app<br>No tax maps<br>Multiple pare<br>Portion of pa | rtybeing sold<br>ily:<br>exist 5<br>:els                  |   |   |               |
| 6. TRANSFER TA           | X 6a) Purchase I                                      | Price (If 1  | he transfer is a gift, enter "0")   |            | 6a  | <u> </u>  | 1   | 12500   | .00           |
|                          |   | t Value      | enter a value only if you entered *0  | "in 6a) (  |   | <u> </u>  | periode   |   | .00           |
|                          | 6c) Exemption   | claım – (    | Check the box if either grantor or gr   | antee is o | laiming exemptio  | n from tran   | sfer tax and ex                                 | spiain.   |               |
|                          |   |              |   |            |   |   |   |   |               |
| 08-23                    | NSFER (MM-DD-YYYY<br>-2016<br>DAY YEAR                | ſ            | s. WARNING TO BUYER-If the property is<br>ront a substantial financial penalty could                          | d be trigg | pered by develop  | nent, subdi   | vision, partitio                                | n or change in u  | se.           |
| in the transfer w        |   | price paid   | was either more or less   | INCOME     | A waive   | income ta<br>as qualified<br>has been re<br>ration for th | x because:<br>as a Maine resi<br>eceived from t |   |               |
| 11. OATH                 | our knowledge and                                     | i belief, ii | forth by Title 36 §4641-K, we hereby su<br>is true, correct, and complete. Grantee<br>( 55 GOT Date 11-1-2016 |            | antor(s) or their a   |   | gent(s) are reg                                 |   | ow:           |
|                          | Grantee Grantee                                       | - >\-2013    | Date  | Granto     |   | <i>EAT</i>  | - Ann   | Date  |               |
| 12. PREPARER             | Name of Preparer                                      | Shapiro &    | Morfey, LEC   | 3.3770     | Phone Number  | (207) 775-62  | 223   |   |               |
|                          | Mailing Address                                       | 707 Sab      | le Oaks Drive, Suite 250  |            | E-Mail Address  |   |   |   |               |
|                          | -   | South        | Portland, ME 04106  | 20/2524-5  | Fax Number  | (207) 775   | -6995   |   |               |

### PROCESSED ONLINE. DO NOT RE-PROCESS

DLN: 1001640011089

## MAINE REVENUE SERVICES **REAL ESTATE TRANSFER TAX**

| Registry            | Sagadahoc   |
|---------------------|-------------|
| Date Recorded       | 11/21/2016  |
| Time Recorded       | 09:57:00 AM |
| Transfer Tax Amount | \$488.40    |
| Document Number     | 2016r-08813 |
| Book                | 2016        |

|                       | TTD  |                    |  | RATION  |                                  |             | Time  | Recorded  | 09:57:0                        | 0 AN             | 1           |
|-----------------------|--|--------------------|--|---|----------------------------------|-------------|---|---|--------------------------------|------------------|-------------|
| KE                    | TTD  | TITLE 3            | 6, M.R.S.A. SEG                        | CTIONS §§4641-4   | 1641N                            | Trar        | isfer Ta  | x Amount  | \$488.40                       | )                |             |
| Sagadaho              | ЭС   |                    |  |   |                                  |             |   | t Number  |                                |                  |             |
| 1. County             |  |                    | ······································ |   |                                  | _           |   |   |                                |                  |             |
| BATH                  |  |                    |  |   |                                  |             |   |   | 2016                           |                  |             |
| 2. Municipality       | /Township  |                    |  |   |                                  |             |   | _   | 8813                           |                  |             |
| 3. GRANTEE/           |  |                    |  |   |                                  |             | BOOK  | /PAGE—REG   | ISTRY USE O                    | NLY              |             |
| PURCHASER             | SANDBERG<br>3a) Name (LAST)  |                    | JENNIFEF<br>(FIRST)                    | 8   |                                  | К.<br>(MI)  |   | o) SSN or Feder   | ral ID                         |                  |             |
|                       | 3c) Name (LAST) 1189 HIGH S 3e) Mailing Address                              | STREET             | (FIRST)                                |   |                                  | (MI)        | 3   | d) SSN or Feder   | ral ID                         |                  |             |
|                       | BATH   |                    |  |   |                                  |             |   | ME  | 0453                           | 30               |             |
|                       | 3f) City   |                    |  |   |                                  |             |   | 3g) State   | 3h) Zip                        | Code             |             |
| 4. GRANTOR/<br>SELLER | SANDBERG<br>4a) Name (LAST)  |                    | SUSAN<br>(FIRST)                       |   |                                  | M<br>(MI)   | L.  | o) SSN or Feder   | al ID                          |                  |             |
|                       | 4c) Name (LAST) P.O. BOX 55 4e) Mailing Address                              |                    | (FIRST)                                |   |                                  | (MI)        | 4   | d) SSN or Feder   | al ID                          |                  |             |
|                       | KATONAH  |                    |  |   |                                  |             |   | NIN   | 1050                           |                  | _           |
|                       | 4f) City   |                    |  |   |                                  |             |   | NY<br>4g) Sta   | 1053                           | ip Code          |             |
| 5. PROPERTY           | 20 Sa) Map  1189 HIGH S Sc) Physical Location                                | Block              | 163<br>Lot                             | Sub-Lot (   | describe<br>Check an<br>No<br>Mu |             | ty being so<br>y:<br>exist<br>els                 | e code number Id. (See instruc  0.00  Sd) Acreage                                 | r that <b>best</b><br>tions)—» | 201              |             |
| 6. TRANSFER TA        | XX<br>ба) Purchase Р   | rice (If the trans | fer is a gift, ente                    | er "0")   |                                  | 6a          | \$111.  | 000   |                                |                  | .00         |
|                       |  | : Value (enter a v | _                                      | u entered "0" in 6a)  | or                               | 6b          | 7   |   |                                |                  | .00         |
|                       | 6c) Exemption o  | laim – 🔲 Check     | the box if either                      | grantor or grantee is   | claiming                         | exemptio    | n from tra  | nsfer tax and   | l explain,                     |                  |             |
| 7. DATE OF TRA        | ANSFER (MM-DD-YYYY) 15 2016 DAY YEAR   |                    |  | he property is classifi<br>penalty could be trig                  |                                  |             |   |   | tion or chan                   |                  |             |
| in the transfer w     | :UMSTANCES—Were th<br>which suggest that the p<br>ket value? If yes, check t | rice paid was eith | er more or less                        | 10. INCOM   | ETAX WI                          | Seller has  | income to<br>s qualified<br>has been<br>ation for | not required to<br>ax because:<br>I as a Maine r<br>received fron<br>the property | esident<br>n the State T       | ax Asse          |             |
| 11. OATH              | our knowledge and  |                    | prrect, and compl                      | we hereby swear or a<br>ete. Grantee(s) and G<br>1/21/2016 Grante | rantor(s)                        | or their au | thorized  |   | equired to si                  | gn beld<br>/21/2 | ow:<br>016_ |
|                       | Grantee  |                    |  | 1/21/2016 Grante  |                                  |             |   |   | Date                           | /21/2            | 016         |
| 12. PREPARER          | Name of Preparer _   | LISA GRONDI        |  |   |                                  | e Number    | (207) 7   | 74-0434   |                                |                  |             |
|                       | Mailing Address -  | 119 MIDDLE S       | TREET                                  |   | _ E-Mai                          | l Address   | Igrondi   | n@phenixtitle   | e,com                          |                  |             |
|                       |  | PORTLAND, M        | IE 04101                               |   | Fax N                            | umber       |   |   |                                |                  |             |

Fax Number

## **PROCESSED** ONLINE.

DLN: 1001640011103

## **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX**

| Registry            | Sagadahoc   |
|---------------------|-------------|
| Date Recorded       | 11/21/2016  |
| Time Recorded       | 10:38:00 AM |
| Transfer Tax Amount | \$2,288.00  |
| Document Number     | 2016r-08823 |
| Pools               | 2016        |

|                          | RE-PROCESS.  | DECLAR   | ATION                                  |   | Time Recorded                                    | 10:38:00 A           | <u>—</u><br>М |
|--------------------------|--|--|--|---|--|----------------------|---------------|
| RE                       | TTD  | TITLE 36, M.R.S.A. SECTI   | ONS §§4641-464                         | 1N Tran   | sfer Tax Amount                                  |                      |               |
| Sagadaho                 | c  |  |  |   | ocument Number                                   |                      | 23            |
| 1. County                |  |  |  |   | Book   | 2016                 |               |
| BATH                     |  |  |  |   |  | 8823                 |               |
| 2. Municipality.         | /Township  |  |  |   | BOOK/PAGE—REG                                    |                      |               |
| 3. GRANTEE/<br>PURCHASER |  |  |  |   | 700,000  |                      | <del></del>   |
|                          | SPLIEDT  | CHARLES  |  | J   |  |                      |               |
|                          | 3a) Name (LAST)  | (FIRST)  |  | (MI)  | 3b) SSN or Fede                                  | al ID                |               |
|                          | SMITH 3c) Name (LAST)                                      | JUDE<br>(FIRST)  |  | A<br>(MI)   | 3d) SSN or Feder                                 | ral ID               |               |
|                          | 6283 FIREHORN  |  |  |   | saj ssiv or reaei                                | anu                  |               |
|                          | 3e) Mailing Address  |  |  |   |  |                      |               |
|                          | CLARKSVILLE  |  |  |   | MD   | 21029                |               |
|                          | 3f) City   |  |  |   | 3g) State  | 3h) Zip Code         |               |
| 4. GRANTOR/<br>SELLER    | SPRIGG   | ROBERT   |  | G.  |  |                      |               |
| JELLEN                   | 4a) Name (LAST)  | (FIRST)  |  | (MI)  | 4b) SSN or Feder                                 | al ID                |               |
|                          | SPRIGG   | CONSTANC   | E                                      | C.  |  |                      |               |
|                          | 4c) Name (LAST)  | (FIRST)  |  | (MI)  | 4d) SSN or Feder                                 | al ID                |               |
|                          | 201N COLUMBU   | JS STREET  |  |   |  |                      |               |
|                          | 4e) Mailing Address  |  |  |   |  | 7 [2001.4            |               |
|                          | ALEXANDRIA 4f) City  |  |  |   | VA 4g⟩ St;                                       | 22314<br>4h) Zip Coo |               |
| 5. PROPERTY              |  |  | 5b                                     | ) Type of property  | —Enter the code number                           | r that best          | , e           |
|                          | 5a) Map Blo  | Lot Lot  |  | scribes the propert<br>:k any that apply<br>No tax maps e |  | tions)—» 202         |               |
|                          | 888 MIDDLE ST  | REET   |  | Multiple parce  | ls 0.44  |                      |               |
|                          | Sc) Physical Location                                      |  |  | Portion of pare   | el 5d) Acreage                                   |                      |               |
| 6. TRANSFER TA           | X<br>6a) Purchase Price (If                                | f the transfer is a gift, enter "C   | O")                                    | ба  | \$520,000  |                      | .00           |
|                          | 6b) Fair Market Value<br>if 6a) was of nominal             | e (enter a value <b>only</b> if you er   | ntered "0" in 6a) or                   | 6b  |  |                      | .00           |
|                          | ·  | ·  |  | ı   |  |                      | , .00         |
|                          | ec) Exemption claim –                                      | Check the box if either gra  | ntor or grantee is clai                | ming exemptior  | i from transfer tax and                          | l explain.           |               |
| 7 DATE OF TOA            | NSFER (MM-DD-YYYY)   | O WADNING TO DUVED 16 d  |  | .r.   10  |  | 141 (* 181           |               |
| 11                       | 18 2016  | 8. WARNING TO BUYER-If the part of the par |  |   |  | tion or change in i  | use.          |
| MONTH                    | DAY YEAR   |  |  |   |  | CLASSII              |               |
|                          | UMSTANCES—Were there any<br>hich suggest that the price pa |  | 10. INCOME TA                          |   | Buyer(s) not required in nome tax because:       | to withhold Maine    | :             |
|                          | ket value? If yes, check the box                           |  |  | Seller has  | qualified as a Maine r                           |                      |               |
|                          |  |  |  |   | nas been received from<br>Ition for the property |                      |               |
|                          |  |  |  | Foreclosu   |  | is iess than \$50,00 | บ             |
| 11. OATH                 | Aware of penalties as se                                   | et forth by Title 36 §4641-K, we   | hereby swear or affirr                 | n that we have  | each examined this re                            | turn and to the be   | est of        |
|                          | D O D D D O C  | it is true, correct, and complete.   |  | or(s) or their au<br>CHARLES                              |  |                      |               |
|                          | CONICTANICI  | C CDDICC 11/2  | 21/2016 Grantor _<br>21/2016 Grantor _ | JUDE A SM   |  | Date11/21/.          |               |
| 12. PREPARER             | - Ordinated  | NE JACKSON   |  | hone Number   | (207) 386-0400 Ext                               | Date                 | -010          |
| • • • • • •              |  | HIGH STREET  |  |   | djackson@hablaw.co                               | m                    |               |
|                          | Wildling Natiress  | 'H, ME 04530   |  | Fax Number  |  |                      |               |

Merits: 0011615448310 Trips: 6163552260010



## **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX**

| *1                    | 2RETTD*  |                            |                           | D                     | ECLAR                           | RATION                  | 1                         |                  |   |   |   | /21/2010<br><b>)16R-</b>                      |                                  |                                   |                  |
|-----------------------|--|----------------------------|---------------------------|-----------------------|---------------------------------|-------------------------|---------------------------|------------------|---|---|---|---|----------------------------------|-----------------------------------|------------------|
| RET                   | Γ <b>TD</b>  |                            | TITLE 36                  | , M.R.S               | A. SECT                         | TIONS §                 | 94641-                    | 1641             | И   |   | Tra   | ansfer Ta                                     | of 162                           | .80                               |                  |
| 1. County             |  |                            |                           |                       |                                 |                         |                           |                  | 7   |   |   | of Maine                                      |                                  |                                   |                  |
| SAGADAI               | HOC  |                            |                           |                       |                                 |                         |                           |                  |   |   |   |   |                                  |                                   |                  |
| 2. Municipality/      | Township   |                            |                           |                       |                                 | <del>" </del>           |                           |                  |   |   | 2   | 016   | <u> </u>                         | 834                               | }                |
| BATH                  |  |                            |                           |                       |                                 |                         |                           |                  | ]   |   | $\sim$  |   |                                  |                                   | •                |
| 3. GRANTEE/           |  |                            |                           |                       |                                 |                         |                           |                  |   | 86  | DOK/PAG   | e—regist                                      | RY USE                           | YINC                              |                  |
| PURCHASER             | 3a) Name LAST or BUSII [PROULX P  3c) Name, LAST or BUSII              | ROPE                       | ERTIE                     | S,                    | LLC                             |                         |                           |                  |   |   |   |   |                                  |                                   |                  |
|                       | 3elMalling Address<br>55 WHITN<br>3f) City<br>TOPSHAM                  | EY W                       | AY                        |                       |                                 |                         |                           |                  |   |   | ·<br>·  | gistate<br>ME                                 |                                  | )86                               |                  |
| 4. GRANTOR/<br>SELLER | Aa) Name, LAST or BUSI<br>BLACK, S'                                    | TEPH                       | EN D                      | ) .                   |                                 |                         |                           |                  |   |   | •   |   |                                  |                                   |                  |
|                       | 4e) Mailing Address  |                            | •                         | <u>,</u>              |                                 |                         |                           |                  |   | <u> </u>  | -   |   | ı                                |                                   |                  |
|                       | 4f) City   |                            |                           |                       |                                 |                         |                           |                  |   |   |   | 4g) State                                     |                                  | ) Zíp Code                        | e                |
| 5. PROPERTY           | 5a) Map  32  5c) Physical Location 33 SHEPAR                           | Block D ST                 | PREE?                     |                       | 164                             | Sub-Lot                 | l                         | des              | Type of prop<br>cribes the pro<br>k any that a<br>No tax map<br>Multiple pa<br>Portion of p | perty bel<br>opfy;<br>os exist<br>arcels              | ng sold. (S   | e number ti<br>ee instructio<br>creage        | at best<br>ns)—»                 | 201<br>5                          | ]                |
| 6.TRANSFERTA          | X 6a) Purchase I   | Delas (16 e                | ho eranof                 | ar le a e             | ift ontor                       | *n*\                    |                           | ليبا             |   | a l   | ·   |   | 368                              | 350                               | .00              |
|                       | 6b) Fair Marke<br>if 6a) was of n                                      | t Value (                  | enter a v                 |                       |                                 |                         | '0" in 6a                 | ) or             | 6   | <u> </u>  |   | <del></del>                                   |                                  |                                   | .00              |
|                       | 6c) Exemption  | claim – 「                  | Check                     | the box               | if either g                     | rantor or               | grantee I                 | s clain          | ning exemp  | tion from   | n transfe   | r tax and e                                   | xplain.                          |                                   |                  |
|                       | ***************************************                                |                            |                           |                       |                                 |                         |                           |                  |   |   |   |   |                                  |                                   | <u> </u>         |
| 7. DATE OF TRA        | NSFER (MM-DD-YYY) -2016 DAY YEAR                                       | /) 8<br>fi                 | , WARNIN<br>ront a sub    | G TO BU<br>stantial ( | YER-If the<br>inancial p        | e property<br>enalty co | r is classi<br>uid be tri | fied as<br>ggere | s Farmland,<br>d by develo  | Open Sp<br>pment,                                     | ace, Tree<br>subdivisi                                      | Growth, o<br>on, partitio                     | n or cha                         | ig Water-<br>inge in u<br>CLASSIF | se.              |
| 9. SPECIAL CIRC       | UMSTANCES—Were t<br>which suggest that the<br>ket value? If yes, check | price palo                 | d was eithe<br>and explai | er more (             | or less L                       |                         |                           |                  | A walk  | Inco<br>has qua<br>ver has b<br>deration<br>losure Sa | me tax be<br>lified as a<br>peen rece<br>i for the p<br>ale | ecause:<br>Maine resilved from<br>property is | Ident<br>the State<br>fess thar  | e Tax Ass<br>n \$50,000           | )                |
| 11.OATH               | Aware of penalti<br>our knowledge and<br>Grantee                       | les as set<br>d belief, it | forth by 7<br>is true, co | rrect, an             | 4641-K, w<br>d complete<br>Date | ve hereby<br>te, Grante | swear or<br>e(s) and      | Grante           | n that we ha  | ve each   | examine<br>ized ager  | d this retu<br>it(s) are rec                  | rn and to<br>Julred to<br>Date_2 | o the be<br>sign bel              | st of<br>low:/// |
|                       | Grantee  | -//                        |                           |                       | Date                            | / "                     | _ Gran                    |                  |   |   |   |   | Date                             | / 7                               |                  |
| 12. PREPARER          | Name of Preparer   | Christoph                  | er L. Brooks              |                       |                                 |                         | -                         | - P              | hone Numb   | ) C ;   | 74-7000   |   |                                  |                                   |                  |
|                       | Mailing Address  |                            | Hanson 8                  |                       |                                 | <u> </u>                |                           | 8                | -Mail Addre   | :>>   | oks@nh  |   |                                  |                                   |                  |
| <u></u>               |  | P.O. B                     | ox 4600                   | , Portia              | no, Mair                        |                         |                           |                  | ax Number   |   | -775-080  | <b>D</b>                                      |                                  |                                   |                  |

Merits: 0011615448404 Trips: 6163552270004

|                          |  | MAINE REVENUE SERVI  | CES 1  |   |
|--------------------------|--|--|--|---|
|                          |  | REAL ESTATE TRANSFER   | TAX  | 11/21/2016 11:25 AM   |
| -                        | 12RETTD*   | DECLARATION  |  | 2016R-08836   |
|                          | TTD  | TITLE 36, M.R.S.A. SECTIONS §§464  | 1-4641N  | Transfer Tax of 213,40 State of Maine Transfer Tax                                      |
| 1. County                |  |  |  | SAGADAHOC COUNTY MAINE  |
| SAGADA                   | HOC  |  |  | ,   |
| 2. Municipality          | /Township  |  |  | 2016-8836   |
| BATH                     |  |  |  | "   |
| 3. GRANTEE/<br>PURCHASER |  |  |  | BOOK/PAGE—REGISTRY USE ONLY   |
| 1 Office Install         | 3a) Name LAST of BUSINESS, FIR                                       |  | <u> </u>   | Г   |
|                          | 3c) Name, LAST or BUSINESS, FIE                                      | <u> </u>   |  | 4   |
|                          |  |  |  | ſ   |
|                          | 3e) Mailing Address P.O. BOX 78                                      | 72   |  | <u> </u>  |
|                          | 3f) City   |  |  | JyJune Jyyapood   |
|                          | PORTLAND   |  |  | ME 04112  |
| 4. GRANTOR/<br>SELLER    | 4a) Name, LAST of BUSINESS, FIF<br>FREEDOM MOR                       |  |  | T   |
| PEFFI                    | 4c) Name LAST or BUSINESS. FIR                                       |  |  | L   |
|                          |  |  |  | Γ   |
|                          | 4e) Mailing Address  |  |  | <u>.</u>  |
|                          | 907 PLEASAN  | T VALLEY AVENUE SU   | ITE 3  | • • • • • • • • • • • • • • • • • • •   |
|                          | 4f) City   |  |  | 4g) State 4h) Zip Code  |
|                          | MOUNT LAURE  | L  |  | NJ 08054  |
| 5. PROPERTY              | 5a) Map Bio  | ck Lot Sub-Lot   | Sb) Type of property—E                                       | nter the code number that best  |
| 371 1101 2111 1          | 96   | <u> </u>   | describes the property be<br>Check any that apply:           | eing sold. (See Instructions)—>   |
|                          |  |  | No tax maps exist  | Sd) Acreage   |
|                          | 5c) Physical Location<br>866 WASHINGT                                | ON STREET  | Multiple parcels   |   |
|                          |  |  | Portion of parcel  |   |
| 6.TRANSFERT              | 6a) Purchase Price (I  | the transfer is a gift, enter "0")   | ба   | 9`6800 <b>.00</b>   |
|                          |  | (enter a value only if you entered "0" in  |  | .00.  |
|                          | if 6a) was of nominal  | -  | 6b   |   |
| <u> </u>                 |  | Check the box if either grantor or grant   |  |   |
| 4641-(                   | JB. Grantores  | rempt. Foreclosure salef   | or 1855 than ai  | nount owed.   |
|                          | ANSFER (MM-DD-YYYY)<br>7-2016  | 8. WARNING TO BUYER-If the property is cla<br>front a substantial financial penalty could be     |  |   |
| WONTH<br>TTTT            | DAY YEAR   | none a substantial financial penalty could be  | . mggcrea by dereiopment                                     | CLASSIFIED  |
| 9. SPECIAL CIRC          | CUMSTANCES—Were there an   | y special circumstances 10.1NC   |  | rer(s) not required to withhold Maine   |
| in the transfer v        | vhich suggest that the price pa<br>rket value? If yes, check the box | id was either more or less   |  | ome tax because:<br>alified as a Maine resident   |
|                          |  | ale for less than  | <u> </u>   | been received from the State Tax Assessor   |
| amoun                    | towed.   |  | <u></u>  | n for the property is less than \$50,000  |
|                          |  |  | Foreclosure  |   |
| 11. OATH                 | Aware of penalties as se<br>our knowledge and belief                 | t forth/by little 36 §4641•K, we hereby swear<br>it is tr) e/correct, and complete/Grantee(s) ar | r or affirm that we have eac<br>nd Grantor(s) or their autho | n examined this return and to the best of<br>rized agent(s) are required to sign below: |
|                          | Grantee Hunt J   | ) /11/ ~ 11/ch/ct  | rantor 415 2   | Date 11/17/16   |
|                          | Grantee  |  | rantor   | Date  |
| 12. PREPARER             | Marine of Preparer   | Baird Gardner & Henry  | Phone Number (207  | ) 775-7271  |
| <b>3</b>                 | Mailing Address  | Street PO Box 4510   | E-Mail Address   |   |
| 異                        | •  | nd, ME 04101<br>p://www.maine.gov/revenue/propertytax/t  | Fax Number<br>ransfertax/transfertax.htm                     | ······································  |
|                          | ****   |  |  |   |

Merits: 0011615448405 Trips: 6163552270005



\*12RETTD\*

## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

#### PLEASE TYPE OR PRINT CLEARLY

11/22/2016 11:28 AM 2016R-08873

Transfer Tax of 574.20
State of Maine Transfer Tax
SAGADAHOC COUNTY MAINE

| 1. COUNTY        | DO NO  | OT USE RED IN          | <u>{ </u>      |                        | 2016 -8873  |
|------------------|--|------------------------|----------------|------------------------|---|
| Sagadahoc        |  |                        |                |                        | 2016-6013   |
| 2. MUNICIPALI    | TY/TOWNSHIP  |                        |                |                        |   |
| Bath             |  |                        |                |                        | age—registry use only<br>–  |
| 3. GRANTEE       | (3a) Name (LAST, FIRST, MI)  |                        |                | 31                     | <u> </u>  |
| PURCHASE         | Peck, Matthew A.   |                        |                |                        | <u>.</u>  |
|                  | 3c) Name (LAST, FIRST, MI) Peck, Kevin J.  |                        |                | 30                     | 1)<br>O:  |
|                  | 3e) Mailing Address  |                        |                |                        | <del>-</del>  |
|                  | 193R Bunker Hill Avenue  |                        |                |                        |   |
|                  | 3f) City 3g) State 3h) Zip Code<br>Stratham, NH 03885  |                        |                |                        |   |
| 4.               | 4a) Name (LAST, FIRST, MI)   |                        |                | 41                     | _<br>>)   |
| GRANTOR          | Main, Randall A.   |                        |                |                        | OH.   |
|                  | 4c) Name (LAST, FIRST, MI)<br>LaMarque Main, Louise  |                        |                | 40                     | 5)<br>O   |
|                  | 4e) Mailing Address<br>256 Blodgett Road   |                        |                |                        | _   |
|                  | 4i) City 4g) State 4h) Zip Code<br>Phitiston ME 04345  |                        |                |                        | <b>I</b>  |
| 5. PROPERTY      |  |                        | -Lot (         | heck any that apply:   |   |
|                  | 31 051 0   | 003                    |                | _                      | number that best describes the property<br>being sold. (See instructions) |
|                  |  |                        |                | No tax maps exist      |   |
|                  | (5c) Physical Location   |                        |                | Multiple parcels       | Sd) Acreage   |
|                  | 3 Pine Hill Drive, Bath, ME 04530  |                        | ŧ              | portion of parcel      |   |
|                  |  |                        |                |                        |   |
| 6.<br>TRANSFER   | 6a) Purchase Price (If the transfer is a gift, enter 0   | )")                    | 6a             | \$130,50               | 00.00   |
|                  | 6b) Fair Market Value (enter a value only if you en if 6a) was of nominal value)                                 | itered "0" in 6a) or   | 6b             |                        |   |
|                  | 6c) Exemption claim - Check the box if either gi   | rantor or grantee is c | iaimıng exe    | mption from transfe    | er tax and explain.   |
|                  |  |                        |                |                        |   |
|                  |  | •                      |                |                        |   |
|                  | 7. DATE OF TRANSFER (MM-DD-YYYY)   | 8. WARNING             | TO BUYER-      | If the property is cla | ssified as Farmland, Open Space   |
|                  |  |                        |                |                        | could be triggered by   |
|                  | November 18, 2016  | development,           | subdivision.   | partition or change is |   |
|                  |  |                        | 40 111000      |                        | ☐ CLASSIFIED  |
| 9. SPECIAL CIP   | RCUMSTANCES — Were there any special circumstance<br>hat the price paid was either more or less than its fair ma | s in the transfer      | 10. INCOM      | E IAX WITHHELD.        | Buyer(s) not required to withhold Maine income tax because                |
|                  |  | siver Asnet            | п              | Callos han musicani o  |   |
| n yes, check the | e box and explain.   |                        |                | Seller has qualified a | eceived from the State Tax Assessor                                       |
|                  |  |                        |                |                        | property is less than \$50,000  |
| 44 DATU          | Aware of penalties as set forth by Jitle 36 §4641-K,   | we hereby swear or al  | firm that we i | have each examined     | this return and to the best of our  |
| 11. OATH         | knowledge and belief, it is true, correct, and complete. G   |                        |                |                        |   |
|                  | Granteo Date   | 11/18/16 Gran          | tor_XX_        | of Theeles             | Date 11/18/16   |
|                  | Grantee. Date  |                        | in Thee        | 12Hton                 | Mui Date 11/18/1/   |
|                  | Pas attorney in tast   | 7                      | AGE            |                        |   |
| 12, PREPARER     | Name of Preparer Gallo Trile Services, LLC   | F                      | hone Numbe     | er (603) 658-1200      | ,   |
|                  | Mading Address 91 Portsmouth Ave, Stratham NH 03   | 3865 g                 | mail           |                        |   |

Merits: 0011615449302 Trips: 6163552290002

| _                     | OC<br>2RETTD*  | MAINE REVENUE SE REAL ESTATE TRANS DECLARATIO                                       | FERTAX<br>N           |   | 2016<br>Transfer<br>State of Mai   | D16 10:50 AM R-08889 Tax of 466,40 ine Transfer Tax COUNTY MAINE |
|-----------------------|--|---|-----------------------|---|--|--|
| 1. County             |  | TITLE 36, M.R.S.A. SECTIONS S   | 194041404114          |   |  |  |
| SAGADAI               | HOC  |   |                       |   |  | 0  |
| 2. Municipality/      |  |   |                       |   | 2016-  | - 8884   |
| BATH                  |  |   |                       |   |  |  |
| 3. GRANTEE/           |  |   |                       | 80                                      | юкл  |  |
| PURCHASER             | 30) Name LAST OF BUSINESS, FII  U.S. BANK T  30) Name LAST OF BUSINESS, EII                  | RUST, N.A. AS T   | RUSTEE 1              | FOR                                     | 3b)  |  |
|                       | 3e) Mailing Address C/O CALIBER 3f) City   |   | C., 1380              | )1 WIREI                                |  | 3h) Zio Code   |
|                       | OKLAHOMA CI  | TY  |                       | *************************************** | <u></u>  |  |
| 4. GRANTOR/<br>SELLER | 43) Name, LAST or BUSINESS, FI U.S. BANK T 40! Name, LAST or BUSINESS, FI                    | RUST, N.A. AS T   | RUSTEE I              | FOR                                     |  |  |
|                       | 4e) Mailing Address C/O CALIBER  | HOME LOANS, IN  | C., 1380              | )1 WIRE                                 | LESS WAY   |  |
|                       | 46 City<br>OKLAHOMA CI   | TY  |                       |   | 49) State<br>OK  | 4h) Zrp Code<br>73134  |
| 5. PROPERTY           |  | ck Lot Sub-Lo   |                       |   | er the code number that<br>g sold (See instructions  |  |
|                       | 33   | 153   | Checkar               | ry that apply:                          | -  |  |
| Ŧ                     | 5c) Physical Location  |   | - marie               | o tax maps exist<br>ultiple parcels     | Sd) Acreage  |  |
|                       | 49 PINE STRE   |   | Po                    | rtion of parcel                         |  |  |
| 6.TRANSFERTA          | X 6a) Purchase Price (I  | f the transfer is a gift, enter "0")  |                       | 6a                                      | 10   | 5900.00  |
|                       | 6b) Fair Market Value<br>if 6a) was of nomina  | e (enter a value <mark>only</mark> if you entered<br>I value)                       | <b>"</b> 0" in 6a) or | 6b                                      |  | .00  |
|                       | 6c) Exemption claim  | Check the box if either grantor or  | grantee is claimin    | ـــــا<br>g exemption from              | transfer tax and exp   | lain.  |
|                       |  |   |                       |   |  |  |
|                       | NSFER (MM-DD-YYYY)<br>0-2016<br>DAY YEAR   | 8. WARNING TO BUYER-If the propert<br>front a substantial financial penalty co      |                       |   |  |  |
| in the transfer w     | UMSTANCES—Were there ar<br>hich suggest that the price po<br>ket value? If yes, check the bo | and was either more or less   | O. INCOME TAX W       | incom<br>Seller has quali               | (s) not required to wi<br>ne tax because:<br>ified as a Maine resid<br>een received from the | ent  |
|                       |  |   |                       | =                                       | for the property is les  |  |
| 11. OATH              |  | et forth by Title 36 §4641-K, we hereby<br>It is true, correct, and complete. Grant |                       |   |  |  |
|                       | Grantee John Tuco  | 4 05 49est Date 11-18-2016  | Grantor               |   | note as anti-Te  | ate_11-18-2016   |
| 12. PREPARER          | Grantee Shapro   | & Morley, LLC   | Grantor               | ne Number (207) 7                       |  | Pate   |
|                       | Name of Preparer   | able Oaks Orive, Suite 250  |                       | ail Address                             |  |  |
| <b>a</b>              | Souti  | n Portland, ME 04106  | Fax i                 | Number (207)                            | 775-6995   |  |
|                       | ht   | tp://www.maine.gov/revenue/propert  | ytax/transfertax/i    | transfertax.htm                         |  |  |

Merits: 0011615449401 Trips: 6163552280001



**RETTD** 

#### **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION**

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

#### PLEASE TYPE OR PRINT CLEARLY

DO NOT USE RED INK!

11/28/2016 9:20 AM 2016R-08924

Transfer Tax of State of Maine Transfer Tax SAGADAHOC COUNTY MAINE

| 1. COUNTY                |   | DO NOT USE RED INK!                          | SAGADAHOC COUNTY MAINE   |
|--------------------------|---|--|--|
| SĄGĄDĄ                   | <u>loc</u>  |  |  |
| 2. MUNICIPALIT           | VAOWNSHIP   |  | 2016-8924  |
| BATH                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |  | 800K/PAGE—REGISTRY USE ONLY  |
|                          | 20) Novo (IACT 500T 140   | <u> </u>                                     |  |
| 3. GRANTEE/<br>PURCHASER | 3a) Name (LAST, FIRST, MI) HARVEY, ELAINE A                       | 1.   | - <u> </u>   |
|                          | 3c) Name (LAST, FIRST, MI) HARVEY, KIMANI B                       |  |  |
|                          | 3e) Masling Address<br>189 HIGH, STREET,                          |  | 3a) State 3h) Zıp Code   |
|                          | BATH,,,,,,,,  |  | ME 04530   |
| 4. GRANTOR/<br>SELLER    | 4a) Name (LAST, FIRST, MI)<br>HARVEY, ELAINE A                    |  |  |
|                          | 4c) Name (LAST, FIRST, MI)  |  | 1  |
|                          | 4e) Mailing Address 189 HIGH STREET                               |  |  |
|                          | 4f) Gity<br>BATH  | . <del> </del>                               | 4g) State 4h) Zip Code<br>ME 04530   |
| 5. PROPERTY              | Sa) Map Block   | Lot Sub-Lot                                  | Check any that apply. 5b) Type of property—Enter the code  |
| 3.FNOFERT                | 37  |  | number that best describes the property being sold, (See Instructions)   |
|                          | Sc) Physical Location   |  | No tax maps exist Multiple parcels  5d) Acreage:   |
|                          | 189 HIGH STREET   | 1      | Portion of parcel  |
| 6.TRANSFER<br>TAX        | 6a) Purchase Price (If the transfer is                            | a gift, enter "0")                           | 6a \$  |
|                          | 6b) Fair Market Value (enter a value if 6a) was of nominal value) | only if you entered "0" in 6a) or            | 6ь\$   |
|                          | 6c) Exemption claim – Check the b                                 | box if either grantor or grantee is claim    | ing exemption from transfer tax and explain.   |
|                          | Deed from wife to husband an                                      | d wife.                                      |  |
|                          |   |  | •  |
|                          | 7. DATE OF TRANSFER (MM-DD-YYYY)                                  |  | YER-If the property is classified as Farmland, Open Space or   |
|                          | 1.1. 25 20.16   | Tree Growth, a Subs<br>subdivision, partitio | tantial financial penalty could be triggered by development, in or change in use.  CLASSIFIED  |
| a Special Cipc           | MONTH DAY YEAR  JMSTANCES—Were there any special circs            | umstances in the transfer = 10.              | INCOMETAX WITHHELD— Buyer(s) not required to withhold  |
| which suggest th         | at the price paid was either more or less t                       |  | Maine income tax because:  |
| if yes, check the        | ox and explain:   |  | Seller has qualified as a Maine resident   |
|                          |   |  | A waiver has been received from the State Tax Assessor   |
|                          |   |  | Consideration for the property is less than \$50,000   |
| 11.OATH                  | our knowledge and belief, it is true, con                         | rect, and complete. Grantee(s) and Gra       | firm that we have each examined this return and to the best of sintor(s) or their authorized agent(s) are recivired to sign below:  XE INDIO A NAW Date 11:25:16 |
|                          | Grantee Minimus Policy  | ~ <del>√</del> / }                           |  |
| 12. PREPARER             | Name of Preparer John Wm. Vo                                      | orhees, ESw.                                 | Phone Number 207-443-1333  |
|                          | Mailing Address 839 Washing                                       |  | E-Mail Address john@voorheeslaw.com  |
|                          | Bath, ME 04   | 1530   |  |
|                          | <del></del> -   |  |  |

Merits: 0011615448408 Trips: 6163552270008



\*0599900\* **RETTD**  0(

## MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

#### PLEASE TYPE OR PRINT CLEARLY

11/28/2016 10:27 AM

2016R-08946

Transfer Tax of 653,40 State of Maine Transfer Tax SAGADAHOC COUNTY MAINE

| SAGADAHOC  2. MUNICIPALITY/TOWNSHIP  BATH  BOOK/PAGE—REGISTRY USE ONLY  3. GRANTEE/ 3a) Name (LAST, FIRST, MI)   |
|--|
| BATH  BOOK/PAGE—REGISTRY USE ONLY  3. GRANTEE/ 3a) Name (LAST, FIRST, MI)  |
| 3. GRANTEE/ 3a) Name (LAST, FIRST, MI)   |
|  |
| PURCHASER DUNN, JARED M.   |
| 3c) Name (LAST, FIRST, MI)   |
| DUNN, KELSEY J.  |
| 3e) Mailing Address 17D ANTIETAM ST.   |
| 3g) State 3h) Zip Code BRUNSWICK, ME 04011,  |
| 4 GRANTOR/ 4a) Name (LAST, FIRST, MI)  |
| SELLER KILMARTIN PROPERTIES, LLC   |
| 4c) Name (LAST, FIRST, MI)   |
| 4e) Malling Address  |
| 174 BARNSTABLE ROAD  |
| 4f) Gty SOUTH PORTLAND ME 04106  |
| 5. PROPERTY  5a) Map  Block  Lot  Sub-Lot  Check any that apply.  \$5b) Type of property—Enter the code number that best describes the property belog sold. (See instructions)   |
| Sc) Physical Location  No tax maps exist  Multiple parcels  Sd) Acreage:   |
| 160 LINCOLN STREET Portion of percel   |
| 6. TRANSFER TAX 6a) Purchase Price (If the transfer is a gift, enter "0") 6a S, 148.50.0.00  |
| 6b) Fair Market Value (enter a value only if you entered "0" in 6a) or  If 6a) was of nominal value)  6b \$,,  |
| 6c) Exemption claim - Check the box if either grantor or grantee is claiming exemption from transfer tax and explain.  |
|  |
|  |
| 7. DATE OF TRANSFER (MM-DD-YYYY)  8. WARNING TO BUYER-If the property is classified as Farmland, Open Space or   |
| Tree Growth, a Substantial financial penalty could be triggered by development,  |
| Subdivision, partition or change in use. CLASSIFIED  MONTH DAY YEAR  CLASSIFIED  |
| 9. SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer [ 10. INCOMETAX WITHHELD— Buyer(s) not required to withhold  |
| which suggest that the price paid was either more or less than its fair market value?  If yes, check the box and explain:    Maine income tax because:   Seller has qualified as a Maine resident  |
| A waiver has been received from the State Tax Assesso  |
| Consideration for the property is less than \$50,000   |
| 11. OATH  Aware of penalties as set forth by Title 36 54641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign/below.   |
| Grante Date 11/22/14 Grantor Debin C Date 11/30/1  |
|  |
| Grantee 1 John Date 1/49-16 Grantor Date   |
| Crantee   Date   Date   Grantor   Date   D |

Merits: 0011615449409 Trips: 6163552280009

|  |  |  |  |  | 0.0 |
|--|--|--|--|--|-----|
|--|--|--|--|--|-----|

## MAINE REVENUE SERVICES **REAL ESTATE TRANSFER TAX**

**DECLARATION** \*12RETTD\* 1/1301/6 10:02 A·M RETTD TITLE 36, M.R.S.A, SECTIONS §§4641-4641N 2016 R-08983 1. County SAGADAHOC Transfer Tax of State of Maine Transfer Tax 2. Municipality/Township SAGADAHOC COUNTY MAINE BATH 2016 - 8983 BOOK/PAGE—REGISTRY USE ONLY 3. GRANTEE/ **PURCHASER** 3a) Name LAST or BUSINESS, FIRST, M MAINE STATE HOUSING AUTHORITY 3cl Name, LAST or BUSINESS, FIRST, MI 3el Mailing Address 353 WATER STREET 04330 AUGUSTA ME 4. GRANTOR/ 4a) Name, LAST or BUSINESS, FIRST, MI MAINE STATE HOUSING AUTHORITY SELLER ACLName.LAST.or.BUSINESS.FIRST.ML 4e) Malling Address 353 WATER STREET 4h) Zip Code 4f) City 4g) State 04330 ME AUGUSTA Sb) Type of property-Enter the code number that best Block Sub-Lot 5a) Map Lot 5. PROPERTY 207 describes the property being sold. (See instructions)-159 28 Check any that apply: 5d) Acreage No tax maps exist 5c) Physical Location Multiple parcels 27 FLORAL STREET Portion of parcel 6. TRANSFER TAX 218526.00 6a) Purchase Price (If the transfer is a gift, enter "0") ба 6b) Fair Market Value (enter a value only if you entered "0" in 6a) or .00 if 6a) was of nominal value) 6b 6c) Exemption claim – Check the box if either grantor or grantee is claiming exemption from transfer tax and explain. 54641-C(1) - governmental entity 36 M.R.S.A. 7. DATE OF TRANSFER (MM-DD-YYYY) 8, WARNING TO BUYER-If the property is classified as Farmland, Open Space, Tree Growth, or Working Waterfront a substantial financial penalty could be triggered by development, subdivision, partition or change in use. |11-16-2016 CLASSIFIED 9. SPECIAL CIRCUMSTANCES—Were there any special circumstances 10, INCOME TAX WITHHELD-Buyer(s) not required to withhold Maine Income tax because: in the transfer which suggest that the price paid was either more or less than its fair market value? If yes, check the box and explain: Seller has qualified as a Maine resident A waiver has been received from the State Tax Assessor Consideration for the property is less than \$50,000 Foreclosure Sale Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of 11. OATH our knowledge and beligh, it is true, correct, and complete. Grantee(s) and Grantor(s) or shelf authorized agent(s) are required to sign below: Date LGrantee, Grantor Grantee Date Grantor Phone Number 207-774-7000 Christopher L. Brooks, Esq. (Bar No. 4637) 12. PREPARER Name of Preparer Norman, Hanson & DeTroy, LLC cbrooks@nhdlaw.com Mailing Address E-Mail Address P.O. Box 4600, Portland, Maine 04112 207-775-0808 Fax Number

http://www.maine.gov/revenue/propertytax/transfertax/transfertax.htm

Merits: 0011615449408 Trips: 6163552280008

| -  | DO L2RETTD*  | MAINE REVEN<br>REAL ESTATE T<br>DECLAF<br>TITLE 36, M.R.S.A. SECT | RANSFER TA<br>ATION  | X     |  |   | 10:02A.M  |
|--|--|---|--|-------|--|---|---|
| 1. County                                    |  |   |  | ·     |  |   | R-08984   |
| SAGADA                                       | нос  |   |  |       | İ  | ira<br>State of I   | insfer Tax of O   |
| 2. Municipality                              | /Township  |   |  |       |  |   | OC COUNTY MAINE   |
| BATH   |  |   | <del></del>  |       | 11   | 201   | 6-8984  |
| 3. GRANTEE/<br>PURCHASER                     | 3a) Name LAST of BUSINESS, FIRS<br>SECRETARY OF<br>3c) Name 1 ACT of BUSINESS FIRS<br>L<br>3e) Malling Address<br>451 7TH STRE | F HOUSING AN  | ID URBAN   | Ţ     | Pev  | ] [   | SE—REGISTRY USE ONLY  |
|  | WASHINGTON   |   | · · · · · · · · · · · · · · · · · · ·                            |       |  |   | DC 20410  |
| 4. GRANTOR/<br>SELLER                        | 4a) Name, LAST or BUSINESS, FIRE MAINE STATE  4c) Name, LAST or BUSINESS, FIRE   | HOUSING AUT   | HORITY   | -     |  | ]   | hand kanagang papa wanad  |
|  | 4e) Malling Address 353 WATER ST 4f) City AUGUSTA  | PREET   |  |       |  |   | 49) State 4h) Zip Code ME 04330   |
| 5. PROPERTY                                  | 5a) Map Bloc 28 5c) Physical Location 39 FLORAL ST   | k Lot 159 REET  | Sub-Lot  | des   | cribes the proper<br>k any that appl<br>No tax maps of<br>Multiple parce | ty being sold. (S<br>y:<br>exist Sd) A<br>els                         | de number that best see Instructions) -> 207  |
| . TO 4 11 C 12 |  |   |  |       | Portion of par   | cel   |   |
| 6.TRANSFERTA                                 | 6a) Purchase Price (If   | the transfer is a gift, enter                                     | "0")   |       | ба   |   | 178962.00   |
|  | 6b) Fair Market Value<br>if 6a) was of nominal   | (enter a value only if you<br>value)                              | entered *0* in 6a)   | or    | 6b   |   | )0.   |
| 36 M.R.S.A.                                  |  | Check the box if either g   | rantor or grantee is   | clair | ning exemption   | n from transfe  | rtax and explain.   |
| 11-22<br>MONTH                               | 2-2016 TAY YEAR  |   | enalty could be trig   | gere  | d by developm  | nent, subdivisi   | on, partition or change in use.  CLASSIFIED   |
| in the transfer v                            | CUMSTANCES—Were there any which suggest that the price pai ket value? If yes, check the box                                    | d was either more or less 🖵                                       | ] 10. INCOM  | ЕТА   | Seller has   | income tax be<br>s qualified as a<br>has been rece<br>ation for the p | equired to withhold Maine<br>ecause:<br>a Maine resident<br>sived from the State Tax Assessor<br>property is less than \$50,000 |
| 11.0ATH                                      | Aware of penalties as set our knowledge and belief, I Grantee Q 1  | t is true, correct, and comple                                    | re hereby swear or a<br>te. Grantee(s) and G<br>128 12014 Grante | irant | or(s) by helr au   | ကျည်းလူငေရ ager   | ed this return and to the best of nt(s) are required to sign below.  Date 11/02/16  |

http://www.maine.gov/revenue/propertytax/transfertax/transfertax.htm

Phone Number 207-774-7000

Fax Number

E-Mail Address cbrooks@nhdlaw.com

207-775-0806

Date

Christopher L Brooks, Esq. (Bar No. 4637)

P.O. Box 4600, Portland, Maine 04112

Norman, Hanson & DeTroy, LLC

Grantee.

Name of Preparer

**Mailing Address** 

12. PREPARER

## **PROCESSED** ONLINE. DO NOT RE-PROCESS.

DLN: 1001640011238

#### **MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION**

| Registry            | Sagadahoc      |
|---------------------|----------------|
| Date Recorded       | 11/30/2016     |
| Time Recorded       | 12:06:00 PM    |
| Transfer Tax Amount | \$0.00         |
| Document Number     | 2016r-08999    |
| Book                | 2016           |
| Page                | 8999           |
| BOOK/PAGE—REG       | ISTRY USE ONLY |

| <u>RE</u>          | ITD                         | TITLE 36, M.R.S  | S.A. SECTIONS §§4        | 641-4641      | N Tran                               | ısfer Tax    | —<br>Amount      | 30.00                               |               |
|--------------------|-----------------------------|--|--------------------------|---------------|--------------------------------------|--------------|------------------|-------------------------------------|---------------|
| Sagadaho           | c                           |  |                          |               |                                      |              |                  |                                     | 00            |
| 1. County          |                             | :  |                          |               | υ                                    | ocument      | -                | 016r-0899                           | <del>/9</del> |
| ВАТН               |                             |  |                          |               |                                      |              | Book _2          |                                     |               |
| 2. Municipality    | /Township                   |  |                          |               |                                      |              | Page _8          | 1999                                |               |
| 3. GRANTEE/        | ·                           | <u></u>  |                          |               |                                      | BOOK/F       | PAGEREGIST       | RY USE ONLY                         |               |
| PURCHASER          | MUTTY                       | MAR  | RC.                      |               | R.                                   |              |                  |                                     |               |
|                    | 3a) Name (LAST)             | (FIRST)  |                          |               | (MI)                                 |              | SSN or Federal I | D                                   |               |
|                    | MUTTY                       | PAM  | IELA                     |               | L.                                   |              |                  |                                     |               |
|                    | 3c) Name (LAST)             | (FIRST)  |                          |               | (MI)                                 | 3d)          | SSN or Federal I | D                                   |               |
|                    |                             | OPS POINT ROA  | 7D                       |               |                                      |              |                  |                                     |               |
|                    | 3e) Mailing Address         |  |                          |               |                                      |              | ME               | 04520                               | 1             |
|                    | BATH<br>3f) City            |  |                          |               |                                      |              | ME<br>3g) State  | 04530<br>3h) Zip Code               |               |
| 4. GRANTOR/        |                             | LAT  |                          |               |                                      |              | - 3, - 1 - 1     | Sil Elp Code                        |               |
| SELLER             | MUTTY 4a) Name (LAST)       | MAR<br>(FIRST)   | (C                       |               | (MI)                                 | 4h)          | SSN or Federal I | D                                   |               |
|                    | ,,,,,,,,,,,                 | Ç=.,   |                          |               | V7                                   | [            |                  |                                     |               |
|                    | 4c) Name (LAST)             | (FIRST)  |                          |               | (MI)                                 | L4d)         | SSN or Federal I | D                                   |               |
|                    | 38 WEST CHO                 | OPS POINT ROA  | VD                       |               |                                      |              |                  |                                     |               |
|                    | 4e) Mailing Address         |  |                          |               |                                      |              |                  |                                     |               |
|                    | BATH                        |  |                          |               |                                      |              | ME               | 04530                               |               |
|                    | 4f) City                    |  |                          |               |                                      | J            | 4g) State        | 4h) Zip Co                          | de            |
| 5. PROPERTY        | 5                           | 21   |                          |               | Type of property<br>ribes the proper |              |                  |                                     |               |
|                    | 5a) Map                     | Block Lot  | t Sub-Lot                |               | any that appl<br>No tax maps o       | -            |                  |                                     |               |
|                    | 38 WEST CHO                 | OPS POINT ROA  | ND                       |               | Multiple parce                       |              | 1.90             |                                     |               |
|                    | 5c) Physical Location       |  |                          |               | Portion of par                       | cel 5        | d) Acreage       |                                     |               |
| 6. TRANSFER TA     | .X<br>6a) Purchase Pri      | ce (If the transfer is a g                             | ift, enter "0")          |               | ба                                   | \$0          |                  |                                     | .00           |
|                    |                             | /alue (enter a value <b>on</b>                         |                          | in 6a) or     |                                      | [            |                  |                                     | 1<br>T        |
|                    | if 6a) was of non           |  | •                        |               | 6b                                   | \$250,0      | 00               |                                     | .00           |
|                    | бс) Exemption cla           | im – 🛛 Check the box                                   | if either grantor or gra | ntee is claim | ing exemptio                         | n from tran  | sfer tax and e   | kplain.                             |               |
| No consid          | eration transfer f          | rom husbandto hu                                       | isband and wife          | as joint      | tenants.                             |              |                  |                                     |               |
| 7. DATE OF TRA     | NSFER (MM-DD-YYYY)          | 8. WARNING TO BU                                       | YER-If the property is   | classified as | Farmland, Op                         | en Space, Ti | ree Growth, o    | r Working Wate                      | r-            |
| 11                 | 23 2016                     | front a substantial f                                  | inancial penalty could   | be triggered  | l by developm                        | nent, subdiv | vision, partitio |                                     |               |
| MONTH              | DAY YEAR                    |  | 40.1                     | NCOMETAN      | IMPRIME                              | 5 ()         |                  | CLASSI                              |               |
|                    |                             | re any special circumstan<br>ce paid was either more c |                          | NCOME 14X     |                                      | income tax   |                  | withhold Main                       | 2             |
| than its fair marl | ket value? If yes, check th | e box and explain:                                     |                          |               | <del> </del>                         | •            | is a Maine resi  |                                     |               |
|                    |                             |  |                          |               | $\vdash$                             |              |                  | he State Tax As<br>ess than \$50,00 |               |
|                    |                             |  |                          |               | Foreclos                             |              | - [              |                                     |               |
| 11. OATH           |                             | as set forth by Title 36 §                             |                          |               |                                      |              |                  |                                     |               |
|                    | Grantee MARC M              | elief, it is true, correct, and<br>UTTY                | 4 + 10 0 10 0 4 6        |               | r(s) or their au<br>MARC R. N        | _            | jenit(s) are red | Date 11/30                          |               |
|                    | Grantee                     |  | Date 11/30/2016          |               | PAMELA I                             |              | Y                | Date 11/30                          |               |
| 12. PREPARER       |                             | CARLY JOYCE  |                          |               | one Number.                          | (207) 761    |                  |                                     |               |
|                    | Mailing Address —           | 970 BAXTER BLVD SU                                     | ITE 204                  | E-            | Mail Address                         | carlys@tl    | settlement.com   | n                                   |               |

PORTLAND, ME 04103

# PROCESSED ONLINE. DO NOT RE-PROCESS.

DLN: 1001640011258

#### MAINE REVENUE SERVICES REAL ESTATE TRANSFER TAX DECLARATION

| Registry           | Sagadahoc   |
|--------------------|-------------|
| Date Recorded      | 11/30/2016  |
| Time Recorded      | 02:59:00 PM |
| ransfer Tax Amount | \$281.60    |
| Document Number    | 2016r-09005 |

| RETTD                    |                                      | TITLE 36, M.R.S.A. SECTIONS §§   | TITLE 36, M.R.S.A. SECTIONS §§4641-4641N |  | ime Recorded   |                      | IVI           |
|--------------------------|--------------------------------------|--|--|--|--|----------------------|---------------|
| Sagadaho                 |                                      |  |  |  | r Tax Amount   |                      |               |
| 1. County                |                                      |  |  | Docu   | ment Number  | 2016r-090            | 05            |
|                          |                                      |  | 1  |  | Book   | 2016                 |               |
| BATH                     |                                      |  | J  |  | Page   | 9005                 |               |
| 2. Municipality          | /Township                            |  |  | 1  | _  | GISTRY USE ONLY      |               |
| 3. GRANTEE/<br>PURCHASER | PAULHUS<br>3a) Name (LAST)           | SEAN<br>(FIRST)  | i  | С.<br>(MI)   | 3b) SSN or Fed   | leral ID             |               |
|                          | 3c) Name (LAST)                      | (FIRST)  |  | (MI)   | 3d) SSN or Fed   | leral ID             |               |
|                          | 677 MIDDLE                           | STREET   |  | ***************************************                  |  |                      |               |
|                          | BATH<br>3f) City                     |  |  |  | MF<br>3g) State  |                      |               |
| 4, GRANTOR/              |                                      |  | •  | _  |  |                      |               |
| SELLER                   | PLUMMER 4a) Name (LAST)              | DIANE<br>(FIRST)   |  | Е.<br>(MI)   | 4b) SSN or Fed   | eral ID              |               |
|                          | 4c) Name (LAST)                      | (FIRST)  |  | (MI)   | 4d) SSN or Fed   | (eral ID             |               |
|                          | 72 MAYNAR                            |  |  | ]  | 40) Joil of Fed  | CIGILD               |               |
|                          | 4e) Mailing Address                  | DONIVE   |  | J  |  |                      |               |
|                          | TOPSHAM                              |  |  |  | ME   | E 04086              | $\overline{}$ |
|                          | 4f) City                             |  |  |  |  | State 4h) Zip Co     | ode           |
| 5. PROPERTY              |                                      |  |  |  | nter the code numb   | er that best         |               |
|                          | 27<br>5a) Map                        | Block Lot Sub-Lot  | Check an                                 | es the property be<br>ny that apply:<br>n tax maps exist | eing <b>sold</b> . (See instru   | uctions)—» 201       |               |
|                          | 677 MIDDLE  5c) Physical Location    | STREET   | □ м                                      | ultiple parcels<br>rtion of parcel                       | 0.09<br>5d) Acreage  |                      |               |
| 6. TRANSFER TA           | X                                    | vice (If the transfer is a gift, enter "O")  |  | 63 <b>©</b> /  | 64,000   |                      | 00.           |
|                          | 6b) Fair Market                      | rice (If the transfer is a gift, enter "0")  Value (enter a value <b>only</b> if you entered "0"         | "in 6a) or                               |  |  |                      | 00.           |
|                          | if 6a) was of no                     | minal value)   |  | 6b   |  |                      | ] .00         |
|                          | 6c) Exemption c                      | laim – Check the box if either grantor or gr   | antee is claiming                        | g exemption fro  | om transfer tax ar   | nd explain.          |               |
| 11 MONTH                 | ANSFER (MM-DD-YYYY) 30 2016 DAY YEAR | front a substantial financial penalty could  |  |  | •  |                      | use.          |
| in the transfer w        |                                      | rice paid was either more or less  |  | inco<br>Seller has qu<br>A waiver has                    | ome tax because:<br>alified as a Maine<br>been received fro<br>n for the propert |                      | ssessor       |
| 11. OATH                 | our knowledge and                    | s as set forth by Title 36 §4641-K, we hereby sw<br>belief, it is true, correct, and complete. Grantee(s | s) and Grantor(s)                        | or their autho   | rized agent(s) are   | e required to sign b | elow:         |
|                          | Grantee DIANE E                      | E. PLUMMER Date 11/30/2016   | Grantor SE                               | AN C. PAU  | LHUS   | Date11/30            |               |
|                          | Grantee                              | Date11/30/2016   | Grantor                                  |  |  | Date11/30            | /2016         |
| 12. PREPARER             | Name of Preparer                     | JAN-MARIE CARROLL  |  |  | 07) 321-5337   |                      | —             |
|                          | Mailing Address =                    | 2320 CONGRESS STREET   |  |  | nmarie@titlene.c   | om                   |               |
|                          | •••                                  | PORTLAND, ME 04102   | Fax N                                    | √umber   |  |                      |               |