



200 Anson County Real Estate Form

For Office use only

Date ___/___/___ City ___ ETJ ___ County ___

Deed Book ___ Page ___

Grantor: _____
(as it appears on Property Tax Abstract)

Split ___ y ___ n

Map ___ / ___

Grantee: _____
(as it appears on deed or instrument of conveyance)

Straight ___ y ___ n

Map ___ / ___

Current Mailing Address: _____
(Address for the tax bill)

Farm / Forestry ___ y ___ n

Elderly ___ y ___ n %

911 Address if different than above _____
(Address of the property)

Multi tracts y %

Sales \$ _____

City, State & Zip Code: _____ Reject Code _____

Parcel Identification Number: _____ (12 digit pin)

Parcel Identification Number: _____ (12 digit pin)

Tax Account Number _____

Tax Account Number _____

Current Deed Book ___ Current Deed Page ___ Plat Book ___ Plat Page ___

Current Deed Book ___ Current Deed Page ___ Plat Book ___ Plat Page ___

Sales Price: \$ _____ Improved Property Yes/No _____

If yes, what buildings are to be transferred _____

Is this land in the Farm Use Value Program Yes/No _____

(If yes, what is the relationship of Grantee to Grantor) _____

Do you need Farm Use Taxes at closing? Yes/No _____

THIS MUST BE OBTAINED FROM TAX DEPT AFTER PIN HAS BEEN ASSIGNED FOR RECORDING.

**APPLICATIONS FOR THE DEFERRED LAND USE PROGRAM ARE AVAILABLE
IN THE TAX OFFICE OR IN JANUARY AT THE TIME OF TAX LISTING.**

Is this a division of land? Yes/No _____

Has there been a prior division of the parent tract? Yes/No _____

Is this only an easement or right of way? Yes/No _____

**If this is a division does it meet the requirements as prescribed by the Anson County
Subdivision and Zoning Ordinance? Yes/No _____**

The approval and recording of this conveyance does not guarantee the issuance of an on site
wastewater permit (septic tank), water system (public or private) or building permit. Such
approval may require re-submittal or re-configuration of this division

Signature: _____
Grantor, grantee or attorney in fact

Approved by: _____ Date _____ Delinquent Taxes: Yes ___ No ___
Collection Office Official

Approved by: _____ Date _____
Tax Office Official

*Delinquent taxes paid by the Attorney from proceeds of the sale: _____

* To be signed by the closing attorney. Date: _____