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SALES VERIFICATION FORM

TY 26

OWNER NAME(S): _____
MAILING ADDRESS: _____
CITY, STATE ZIP: _____

DATE: _____
PARCEL ID: _____
PROPERTY ADDRESS: _____

Occupancy: **Owner** ____ **Non-Owner/Vacant** ____ **Immediate*** Family Member ____
**State code has defined immediate family member as: spouse, child, sibling, parent, grandparent, grandchild, stepparents, stepchildren, stepsiblings, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, and adoptive relationships.*

Mailing Address _____
Telephone Number _____

1. Was the property advertised on the open market? Yes _____ No _____
If no, was it a direct sale from seller to buyer? _____
2. Does the property include a dwelling and/or building? Yes _____ No _____
(If yes, mark accordingly.) House _____ Mobile Home _____ Other _____
3. Did this sale include more than one parcel? Yes _____ No _____
4. Did this sale include personal property? (Ex. furniture or equipment)
Yes _____ No _____ If yes, describe and list estimated value. _____

5. Was this sale between related individuals or corporations? Yes _____ No _____
If yes, please describe relationship. _____
6. Was this a liquidation or forced sale? Yes _____ No _____ If yes, please explain.

7. Were there any special financing arrangements? (Ex. HUD, or land contract)
Yes _____ No _____ If yes, please specify type. _____
8. Were any changes made to this property after the sale? Yes _____ No _____
If yes, please describe. _____

Property Owner Signature _____