

ENVIRONMENTAL PROPERTY TRANSFER AFFIDAVIT

This form is issued under authority of
Ordinance No 01-07-26.

This form should be filed whenever real estate property is transferred (even if you are not recording a deed). It is used by the health department to ensure the property is evaluated properly and receives authorizations prior to sale or transfer. It must be filed by the new owner with the register of deeds. If it is not filed in a timely manner, a penalty could be imposed. The information on this form is not confidential.

1. Street Address of Property	2. City/Township/Village of Property <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village	
3. Seller's Name	4. Seller's Mailing Address	
5. Buyer's Name:	6. Date of Transfer	7. Contact Person / Phone #

8. Is it vacant land? YES / NO	IF YES, YOU NEED NOT FILL OUT REST OF FORM
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9. Is the property serviced by municipal water? YES / NO	NOTE: If you answered YES to BOTH you need not fill out the rest of this form
Is the property serviced by municipal sewer? YES / NO	

ITEMS 10 – 12 are optional. However, by completing them, you may avoid further correspondence.

10. Type of Transfer <input type="checkbox"/> Land Contract <input type="checkbox"/> Deed <input type="checkbox"/> Other (specify) _____	Transfers include deeds, land contracts, transfers involving trusts or wills, certain long-term leases and interest in a business.
11. Has an inspection of the on-site sewage and water system been completed by a certified Inspector? YES / NO Inspector's Name/Company: _____	12. If yes to #11 Have corrections been completed? YES / NO

EXEMPTIONS

The Shiawassee County Ordinance on Inspection of On-Site sewage Disposal Systems At Time of Property Transfer allows certain types of transfers to be exempt from inspections. Below are brief descriptions of the types of exempt transfers; full descriptions – are in Ord 01-07-26 If you believe this transfer is exempt, indicate below the type of exemption you are claiming. If you claim an exemption, the health department may request more information to support your claim.

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| <input type="checkbox"/> transfer from one spouse to the other spouse. | <input type="checkbox"/> transfer resulting from a court order unless the order specifies a monetary payment |
| <input type="checkbox"/> change in ownership solely to exclude or include a spouse | <input type="checkbox"/> transfer creating or ending a joint ownership if at least one person is an original owner of the property (or his/her spouse) |
| <input type="checkbox"/> transfer of that portion of a property subject to a life lease or life estate (until the life lease or life estate expires) | <input type="checkbox"/> homes built within 24 months |
| <input type="checkbox"/> transfer to affect the foreclosure or forfeiture of real property | <input type="checkbox"/> premises that will be demolished or never occupied |
| <input type="checkbox"/> transfer by redemption from a tax sale | <input type="checkbox"/> new homes never occupied |
| <input type="checkbox"/> transfer into a trust where the senior or the senior's spouse conveys property to the trust and is also the sole beneficiary of the trust | <input type="checkbox"/> public sewer available within 6 months |
| | <input type="checkbox"/> Other, specify: _____ |

I certify that the information above is true and complete to the best of my knowledge.

Owner's Signature: _____ Date: _____	If signer is other than the owner, print name and title.
Realtor _____ Realty Co. _____	Name _____
Mortgage Co _____ Title Co. _____	Title _____

PLEASE RETURN TO: Shiawassee County Health Department; 201 N. Shiawassee St.; Corunna, MI 48817