

# Trail County Sales Questionnaire

N.D.C.C. § 57-01-06

## Description of Property

- 1) Location Address: \_\_\_\_\_
- 2) Owner(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 3) Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_
- 4) Basement Finished? **Y / N** To what extent: \_\_\_\_\_
- 5) Was the property recently improved (within the last 5 years)? **Y / N**  
Please describe changes \_\_\_\_\_  
\_\_\_\_\_
- 6) Was the property recently damaged or were structures recently demolished or removed? **Y / N**  
Please describe changes \_\_\_\_\_  
\_\_\_\_\_
- 7) Do you hold the title to adjacent properties? **Y / N**
- 8) Will this property be used as the buyer's primary residence? **Y / N**  
If not, describe: \_\_\_\_\_

## Description of Sale

- 1) Was the sales price negotiated? \_\_\_\_\_
- 2) What type of financing was used (VA, FHA, Conventional etc)? \_\_\_\_\_
- 3) Did the sale include any personal property (such as furniture, draperies, lawn equipment etc.) or sale concessions (work/improvements to be completed after the sale)? \_\_\_\_\_  
\_\_\_\_\_

**Estimated value of personal property /Concessions \$** \_\_\_\_\_

- 4) Was a trade of property involved in this sale? \_\_\_\_\_ if yes, describe the traded property and give an estimate of its value.  
Description: \_\_\_\_\_  
Estimated Value \$ \_\_\_\_\_
- 5) Date price was agreed upon: \_\_\_\_\_
- 6) Type of Deed (Warranty, Contract, Trustee, etc): \_\_\_\_\_
- 7) Is this a sale between relatives? \_\_\_\_\_ If yes, give relationship:  
\_\_\_\_\_

Is this a sale between related businesses? \_\_\_\_\_ If yes, give relationship:  
\_\_\_\_\_

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8) Was the seller compelled to sell this property? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

9) Was the buyer compelled to buy this property? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

10) Is this a sale in fulfillment of a contract for deed? \_\_\_\_\_

11) Do you consider the sales price to be the fair market value of the property on the date of this sale: \_\_\_\_\_

If not explain: \_\_\_\_\_

## YEAR BUILT:

### HEATING:

Check all that apply:

Forced Air	
Gravity	
Hot Water	
Electric	
Geo-Thermal	
Other (Specify)	

### CENTRAL AIR:

Yes	No
Ductless	

### PLUMBING:

Number of Each:

Full Bath	
Shower Stall Bath	
Half Bath (toilet & sink)	
Extra Sink	
Extra Shower	
Extra Toilet	
Whirlpool Bath w/ Shower	
Other (Specify)	

*(Full Bath = toilet, tub, and sink)*

### FIREPLACE:

Number of Each:

Gas	
Wood Burning	
Electric	

### ROOM COUNTS:

Number of Each:

Basement Total Rooms	
What kind/Quantity	
1 <sup>st</sup> Floor Total Rooms	
What kind/Quantity	
2 <sup>nd</sup> Floor Total Rooms	
What kind/Quantity	

### INTERIOR FINISH:

Check all that apply

Drywall	
Panel	
Plaster	

### FLOORING:

Check all that apply

Carpet	
Vinyl Plank	
Linoleum	
Wood Laminate	
Hardwood	
Ceramic or Porcelain Tile	
Other (Specify)	

Please complete and return this questionnaire within 30 days to: Trail County Tax Director  
PO Box 745  
Hillsboro, ND 58045