

For Town Use Only
7040

VT Form <b>PTT-172</b>	<b>VERMONT PROPERTY TRANSFER TAX RETURN</b>
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**A. TRANSFEROR'S (Seller's) INFORMATION**

Entity TRANSFEROR Name			Web request key / Confirmation code 89mvpt		
<b>OR</b>	Individual TRANSFEROR Last Name GIRARD	First Name CAROL	Initial A	<b>OR</b>	Federal ID Number
	TRANSFEROR Mailing Address Following Transfer 90 INDIAN BROOK ROAD				Social Security Number XXX-XX-XXXX
Line 2 for Mailing Address Following Transfer (if needed)			Total Number of Transferors 2		<b>For Department Use Only</b>
City ESSEX JUNCTION	State VT	ZIP Code 05452-0000	Email Address NOT AVAILABLE		
Foreign Country (if not United States)					

**B. TRANSFEREE'S (Buyer's) INFORMATION**

Entity TRANSFEREE Name			Federal ID Number		
<b>OR</b>	CAROL A. GIRARD AS TRUSTEE OF THE GIRARD			<b>OR</b>	Social Security Number XXX-XX-XXXX
	Individual TRANSFEREE Last Name	First Name	Initial		Daytime Telephone Number NOT AVAILABLE
TRANSFEREE Mailing Address Following Transfer 90 INDIAN BROOK ROAD			Total Number of Transferees 2		<b>For Department Use Only</b>
Line 2 for Mailing Address Following Transfer (if needed)					
City ESSEX JUNCTION	State VT	ZIP Code 05452-0000	Email Address NOT AVAILABLE		
Foreign Country (if not United States)					

**C. PROPERTY INFORMATION**

Property Physical Location - Number and Street or Road Name 10-12 LOWER GILMAN STREET		Land Size (in acres) 0.19
City or Town St. Albans City	Check if property is located in multiple cities or towns <input type="checkbox"/>	SPAN 549-173-00147

**D. HOLDING PERIOD**

Date Acquired by Transferor (mm dd yyyy) Oct-13-1965	Date of this Closing (mm dd yyyy) Aug-25-2020	Time Held 54 Years 10 Months
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**E. EXEMPTIONS**

E1. If transfer is exempt from Property Transfer Tax, enter exemption number (see quick reference guide) . E1. 05

E2. If sale was between family members, enter corresponding number (see quick reference guide). . . . . E2. 04

E2a. If Line E2 is "05," enter description. . . . . E2a. \_\_\_\_\_

E3. Land Gains exemption number (see quick reference guide). . . . . E3. 02

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Transferee's Name CAROL A. GIRARD AS TRUSTEE OF THE GIRARD  
 Property Location 10-12 LOWER GILMAN STREET  
 Date of this Closing Aug-25-2020

**NOTE:** Long names or addresses may not display fully on the paper copy of the return, but the full names and addresses are submitted electronically to the Town and Department.

**F. TRANSFER INFORMATION**

- F1. How did the Transferor acquire this property? (see quick reference guide) ..... F1. 01  
 F1a. If Line F1 is "04," enter description. .... F1a. \_\_\_\_\_  
 F2. Interest conveyed in this transfer (see quick reference guide) ..... F2. 01  
 F2a. If Line F2 is "07," enter percent of interest here ..... F2a. 0.00 %  
 F2b. If Line F2 is "08," enter description. .... F2b. \_\_\_\_\_  
 F3. Type of building construction at time of transfer (see quick reference guide) .... F3. 06  
 F3a. If Line F3 is "05," enter number of units transferred. .... F3a. 0  
 F3b. If Line F3 is "06," enter number of dwelling units transferred ..... F3b. 2  
 F3c. If Line F3 is "20," enter description. .... F3c. \_\_\_\_\_  
 F4. Was the transferee a tenant prior to this transfer? ..... F4.  Yes  No  
 F5. Financing ..... F5.  Conventional/Bank  Owner Financing  Other  
 F5c. If Line F5 is "Other," enter description ..... F5c. None  
 F6. Do you intend to record this return with the Town/City within 60 days of the closing? .. F6.  Yes  No

**G. AGRICULTURAL / MANAGED FOREST LAND USE VALUE PROGRAM, 32 V.S.A. CHAPTER 124**

- G1. Is the property being transferred enrolled in the Current Use (Use Value Appraisal) Program? ..... G1.  Yes  No  
 G2. To continue enrollment in the Current Use Program, the new owner must submit a Current Use Application within 30 days of the recording date. Will the new owner be submitting that application? ..... G2.  Yes  No

**H. TRANSFER INFORMATION**

- H1. Transferor's use of property BEFORE transfer (see quick reference guide). .... H1. 02  
 H1a. If Line H1 is "07," "08," or "09," enter description. ... H1a. \_\_\_\_\_  
 H2. Transferee's use of property AFTER transfer (see quick reference guide) ..... H2. 02  
 H2a. If Line H2 is "07," "08," or "09," enter description. ... H2a. \_\_\_\_\_  
 H3. Was the property rented BEFORE transfer? ..... H3.  Yes  No  
 H4. Will the property be rented AFTER transfer? ..... H4.  Yes  No  
 H5. Have development rights previously been conveyed? ..... H5.  Yes  No  
 H6. Does the transferee hold title to any adjoining property? ..... H6.  Yes  No

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Transferee's Name CAROL A. GIRARD AS TRUSTEE OF THE GIRARD  
 Property Location 10-12 LOWER GILMAN STREET  
 Date of this Closing Aug-25-2020

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**I. REAL ESTATE WITHHOLDING CERTIFICATION**

- I1.** The transferee certifies that 2.5% VT Income tax has been withheld from the purchase price and will be remitted to the Vermont Commissioner of Taxes with Form REW-171 within 30 days of the date of this closing. . . . . **I1.**  Yes  No
- I2.** If Line I1 is "No," enter the withholding exemption number (see quick reference guide). . . . . **I2.** 02
- I2a.** If Line I2 is "04," enter Commissioner's Certificate number. . . . . **I2a.** \_\_\_\_\_

**J. TAX CALCULATION**

**Tax on Special Rate Property**

- J1.** Amount of value eligible for special principal residence rate (see instructions) . . . . . **J1.** 0.00
- J2.** If transfer happened prior to July 1, 2011, enter the amount of value eligible for a special rate. (see instructions) . . . . . **J2.** 0.00
- J3.** Total amount of value eligible for special rate (Add Lines J1 & J2) . . . . . **J3.** 0.00
- J4.** Tax due on amount of value eligible for special rate (Multiply Line J3 by the tax rate of **0.005**). . . . . **J4.** 0.00
- J5.** Only If Line E1 is "99": Enter any amount of value in excess of \$110,000 but below \$200,000. . . . . **J5.** 0.00
- J6.** Tax due on amount of value eligible for exemption 99 special rate (Multiply Line J5 by the tax rate of **0.0125** for exemption 99 only) . . . . . **J6.** 0.00
- J7.** Total due on amount of value eligible for special rates. (Add Lines J4 and J6) . . . . **J7.** 0.00

**Tax on General Rate Property**

- J8.** Value paid or transferred as defined in 32 V.S.A. § 9601(6). . . . . **J8.** 0.00
- J9.** Value paid or transferred for personal property . . . . . **J9.** 0.00
- J10.** Value paid or transferred for real property (Subtract Line J9 from Line J8) . . . . . **J10.** 0.00
- J11.** Enter amount from Line J3 above . . . . . **J11.** 0.00
- J12.** Enter amount from Line J5 above . . . . . **J12.** 0.00
- J13.** Subtract Lines J11 and J12 from Line J10 . . . . . **J13.** 0.00
- J14.** Tax due on amount of value subject to the General Rate (Multiply Line J13 by the tax rate of **0.0145** which includes a 0.002 surcharge for the Clean Water Fund, 32 V.S.A. § 9602a) . . . . . **J14.** 0.00

**Total Tax Due**

- J15.** Total Tax Due (Add Lines J7 and J14). . . . . **J15.** 0.00

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Transferee's Name CAROL A. GIRARD AS TRUSTEE OF THE GIRARD  
 Property Location 10-12 LOWER GILMAN STREET  
 Date of this Closing Aug-25-2020

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**LOCAL AND STATE PERMITS AND ACT 250 NOTICE**

This serves as notice that:

- The property being transferred may be subject to regulations governing **potable water supplies and wastewater systems** under 10 V.S.A. chapter 64 and **building, zoning and subdivision** regulations;
- The property being transferred may be subject to Act 250 regulations regarding land use and development under 10 V.S.A. chapter 151;
- The parties have an obligation to investigate and disclose knowledge regarding **flood regulations** affecting the property.

To determine if the property is in compliance with or exempt from these rules, contact the relevant agency. Contact information is provided in the instructions.

Transferor and Transferee state that the information submitted on this return is true, correct and complete to the best of their knowledge.

Prepared by (print or type) CAFFRY LAW, PLLC  
 Preparer's Address 46 SOUTH MAIN STR Preparer's Email Address NICOLE@CAFFRYLAW.COM  
WATERBURY, VT 05676-0000 Preparer's Telephone (802) 882-8163

**Town or City: Please forward original to the Vermont Department of Taxes within 30 days of receipt.**

**This section to be completed by Town or City Clerk**

Book Number <u>289</u>	Page Number <u>985</u>	Grand List year <u>2020</u>
City or Town <u>St. Albans City</u>	Parcel ID Number <u>23039010</u>	Date of Record <u>9/21/20</u>
Grand List Value <u>200800.00</u>	Grand List Category* <u>01</u>	SPAN <u>549-173-00147</u>
Comments, additional information, etc.		

Duplicate Return Suspected

Original Return Waiting on Deed

**ACKNOWLEDGMENT**

Return received.

SIGNED

*[Signature]*

Clerk

DATE

9/21/20

\* Please use the following numeric two-digit grand list category codes

Residential <6 Acres . . . . . 01	Seasonal >6 Acres . . . . . 06	Utilities Other . . . . . 11
Residential >6 Acres . . . . . 02	Commercial . . . . . 07	Farm . . . . . 12
Mobile Home/Un . . . . . 03	Commercial Apt . . . . . 08	Other . . . . . 13
Mobile Home/La. . . . . 04	Industrial . . . . . 09	Woodland . . . . . 14
Seasonal <6 Acres . . . . . 05	Utilities Elec . . . . . 10	Miscellaneous . . . . . 15

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**VT Schedule  
PTT-175**

**ADDITIONAL TRANSFERORS  
AND TRANSFEREES**

BLACK OUT ALL ID  
NUMBERS BELOW ON  
TOWN COPY ONLY

**Attach to Form PTT-172**

Transferee (Buyer) from PTT-172 CAROL A. GIRARD AS TRUSTEE OF THE GIRARD	
Property Location (Physical Street Address) 0-12 LOWER GILMAN STREET	Date of this Closing Aug-25-2020

**Transferor (Seller)** OR  **Transferee (Buyer) # - Check ONE**

Entity Transferee / Transferor Name <b>OR</b> Individual Transferee / Transferor Last Name GIRARD			First Name H. LAWRENCE	Initial	Federal ID Number <b>OR</b> Social Security Number XXX-XX-XXXX
Transferee / Transferor Mailing Address Following Transfer 90 INDIAN BROOK ROAD			Daytime Telephone Number NOT AVAILABLE		
Line 2 for Mailing Address Following Transfer (if needed)			<b>For Department Use Only</b>		
City ESSEX JUNCTION	State VT	ZIP Code 05452-0000			
Foreign Country (if not United States)	Email Address NOT AVAILABLE				

**Transferor (Seller)** OR  **Transferee (Buyer) # - Check ONE**

Entity Transferee / Transferor Name <b>OR</b> Individual Transferee / Transferor Last Name H. LAWRENCE GIRARD AS TRUSTEE OF THE GIRARD FAMILY TRUST			First Name	Initial	Federal ID Number <b>OR</b> Social Security Number XXX-XX-XXXX
Transferee / Transferor Mailing Address Following Transfer 90 INDIAN BROOK ROAD			Daytime Telephone Number NOT AVAILABLE		
Line 2 for Mailing Address Following Transfer (if needed)			<b>For Department Use Only</b>		
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