

Please submit your request at least 3 days prior to the date of closing or transfer of title. The fee for this service is \$175 and payable at closing.

From: _____ **To:** National Granite Title Insurance Agency
Fax #: _____ **Email:** recordings@nationalgranite.com **Fax:** 845-639-1239
E-Mail: _____ **Title # (If app):** _____

Property Address: _____
Borough | County: _____ **Section:** _____ **Block:** _____ **Lot:** _____

Property Type: _____

***Total Consideration:** _____ **Date of Conveyance:** _____

Contract of Sale Date: _____ **Condition of Transfer:** _____
Fee interest, foreclosure, family transfer, etc.

Assessed Value: _____ **Lot Size:** _____
Must be completed for all counties outside of NYC

School District: _____
Must be completed for all counties outside of NYC

For any grantor and grantee that is a partnership, single member LLC, or a multiple member LLC, please provide the name of each general partner or member along with their SSN or EIN number.

Seller's Name(s)	Address(es) after closing: (No P.O. Box)	Social Security Numbers(s) EIN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Buyer's Name(s)	Address(es) after closing: (No P.O. Box)	Social Security Numbers(s) EIN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****If this transaction is for \$0 consideration and is made pursuant to a divorce decree, change in beneficial ownership, or other matter that may result in an audit performed by the New York State Department of Taxation and Finance, the New York City Department of Finance or other governing body, National Granite Title will assume NO LIABILITY for transfer taxes, interest or penalties imposed as a result of the audit.***

**Addendum to Forms TP-584, TP-584-NYC and NYC-RPT pursuant to Section 1409(a) of the
New York Tax Law and Section 11-2105 h of the Administrative Code of the City of New York**

_____, the Grantor Grantee is a limited liability company (the "LLC")

List the names, business addresses, and tax identification number* (**Required NYC Only**, "TIN" aka Social Security # or EIN) of all members, managers and other authorized persons of the LLC. The term "authorized person" includes any person, whether or not a member, who is authorized by the operating agreement, or otherwise, to act on behalf of the LLC.

NAME	BUSINESS ADDRESS	TIN (Required NYC Only)*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any member of the LLC listed above is itself an LLC or other business entity (the "Member Entity"), enter the names and business addresses of any shareholders, directors, officers, members, managers and/or partners of the Member Entity. **Continue disclosing each level of ownership until 100% of the ultimate ownership by natural persons is disclosed.**

NAME	BUSINESS ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The term *natural person* means a human being, as opposed to an artificial person, who is the beneficial owner of the real property. A natural person does not include a corporation or partnership, natural person(s) operating a business under a d/b/a (doing business as), an estate (such as the estate of a bankrupt or deceased person), or a trust.

***ONLY FOR NYC - 5 BOROUGH**

USE ADDITIONAL SHEETS IF NECESSARY