

Grant County Assessor
401 S. Adams St.
Suite 528
Marion, IN 46953
rwylie@grantcounty.net
765-668-4773 ext. 108

Grant County Auditor
401 S. Adams St
Suite 222
Marion, IN 46953
mgoodacre@grantcounty.net
765-668-6552 ext. 102

Grant County Recorder
401 S. Adams St.
Suite 334
Marion, IN 46953
kfoy@grantcounty.net
765-668-6559 ext. 107

CONSOLIDATED REJECTION SHEET

COUNTY ASSESSOR'S REJECTION

DATE _____

- Sales Disclosure Form Information Incomplete
- Refer to the highlighted items on Sales Disclosure Form to be corrected

Comments:

COUNTY AUDITOR'S REJECTION

DATE _____

Transfer Fee \$5.00 per parcel
Sales Disclosure Fee \$10.00
Checks for Auditor must be for the exact amount, separate from Recorder's Fees

- Parcel numbers are incorrect
- Incorrect Grantor
- Incorrect Legal Description
- Needs Legal Description
- Incorrect Fees
- Tax Billing Address is not the same on deed and sales disclosure

Comments:

COUNTY RECORDER'S REJECTION

Date _____

Your document is being returned pursuant to the reasons and Indiana State Statutes listed below:

- | | |
|--|---|
| <input type="checkbox"/> Incorrect Fee IC 36-2-7-10 | <input type="checkbox"/> Poor quality document- will not digitally image IC 36-2-11-16 |
| <input type="checkbox"/> Fee should be \$ _____ | <input type="checkbox"/> IC 36-2-11-16.5 |
| <input type="checkbox"/> Fee/Document not included | <input type="checkbox"/> Font typed must be 10 point or larger |
| <input type="checkbox"/> Separate check for Auditor's Fees | <input type="checkbox"/> IC 36-2-11-16 & IC 36-2-11-16.5 |
| <input type="checkbox"/> Person's name who prepared document | <input type="checkbox"/> Real Estate not located in Grant County |
| <input type="checkbox"/> IC 36-2-11-15 | <input type="checkbox"/> Affidavit lost/missing |
| <input type="checkbox"/> Typed or printed name under ALL signatures IC 36-2-11-16 | <input type="checkbox"/> document cannot be used to release or assign. Must provide a recordable release/assignment. Per legal counsel |
| <input type="checkbox"/> Legal Description missing/illegible | <input type="checkbox"/> Clear 2" margin, top, bottom, first page & last page IC 36-2-11-16 & 16.5 |
| <input type="checkbox"/> Easement must reference last deed or plat IC 32-23-1-4 | <input type="checkbox"/> Social Security number must be removed IC 36-2-7-5-4 |
| <input type="checkbox"/> Signature missing on document/check | <input type="checkbox"/> Document must contain Affirmation Statement "I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law * _____ |
| <input type="checkbox"/> Signature must be notarized IC 36-2-11-16 | <input type="checkbox"/> *print name IC 36-2-11-15 |
| <input type="checkbox"/> Notary information incomplete | <input type="checkbox"/> Self addressed STAMPED envelope needed to return documents |
| <input type="checkbox"/> Company name and official title at signature point IC 32-29-5-1 | <input type="checkbox"/> Power of Attorney number at signature point IC 30-5-3-3 |
| <input type="checkbox"/> Instrument reference number incorrect/absent | |
| <input type="checkbox"/> Parties name(s) missing from document | |

COMMENTS: