



**State of Maine
Town of Cape Elizabeth**

STATUTORY SHORT FORM OF MUNICIPAL QUITCLAIM DEED

The **Town of Cape Elizabeth**, a body corporate, located at 320 Ocean House Road, Cape Elizabeth, Cumberland County, State of Maine, for consideration paid, does hereby release to:

LOWELL WILLIAM A JR ESTATE OF

the land in Cape Elizabeth, Cumberland County, State of Maine. The land situated on **6 PINE POINT ROAD**, which land is shown as **LOT 005 055** on Sheet **MAP U35** of the Assessor's Map on file in the Tax Assessor's Office.

The purpose of this deed is to convey any interest of the Grantor in the foregoing property by virtue of unpaid real estate taxes and sewer charges for which liens were recorded in the Cumberland County Registry of Deeds:

In Book 31622 Page 332

Dated JULY 9, 2014

In Book 32414 Page 96

Dated JULY 8, 2015

The said **Town of Cape Elizabeth** has caused this instrument to be signed in its corporate name and sealed with its corporate seal by Michael K. McGovern, its Town Manager, duly authorized, this **13TH day of JUNE 2016**.

Town of Cape Elizabeth

Michael K. McGovern
Town Manager

State of Maine
Cumberland, SS

JUNE 13, 2016

Then personally appeared the above named Michael K. McGovern and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of said body corporate.

Before me,

Debra M. Lane
Notary Public, Maine
My Commission Expires February 11, 2020



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RETTD

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**MAINE REVENUE SERVICES
REAL ESTATE TRANSFER TAX
DECLARATION**

36 M.R.S. §§ 4641-4641N

1. County

CUMBERLAND

2. Municipality/Township

CAPE ELIZABETH

**3. GRANTEE/
PURCHASER**

3a) Name LAST or BUSINESS, FIRST, MI

LOWELL WILLIAM A JR ESTATE OF

3b) SSN or Federal ID

3c) Name, LAST or BUSINESS, FIRST, MI

3d) SSN or Federal ID

3e) Mailing Address after purchase of this property

6 PINE POINT ROAD

3f) City

CAPE ELIZABETH

3g) State

ME

3h) ZIP Code

04107

**4. GRANTOR/
SELLER**

4a) Name, LAST or BUSINESS, FIRST, MI

TOWN OF CAPE ELIZABETH

4b) SSN or Federal ID

01-6000100

4c) Name, LAST or BUSINESS, FIRST, MI

4d) SSN or Federal ID

4e) Mailing Address

P.O. BOX 6260

4f) City

CAPE ELIZABETH

4g) State

ME

4h) ZIP Code

04107

5. PROPERTY

5a) Map

U35

Block

005

Lot

055

Sub-Lot

5b) Type of property—Enter the code number that **best** describes the property being **sold**. (See instructions)→

202

5c) Physical Location

6 PINE POINT RD CAPE ELIZABETH

Check any that apply:

No tax maps exist

5d) Acreage

Multiple parcels

Portion of parcel

43

6. TRANSFER TAX

6a) Purchase Price (If the transfer is a gift, enter "0")

6a

.00

6b) Fair Market Value (enter a value **only** if you entered "0" in 6a) or if 6a) was of nominal value)

6b

.00

6c) Exemption claim - Check the box if either grantor or grantee is claiming exemption from transfer tax and explain.

The Town of Cape Elizabeth foreclosed on the property for unpaid real estate taxes.

7. DATE OF TRANSFER (MM-DD-YYYY)

06-13-2016

MONTH DAY YEAR

8. WARNING TO BUYER—If the property is classified as Farmland, Open Space, Tree Growth, or Working Water-front a substantial financial penalty could be triggered by development, subdivision, partition or change in use.

CLASSIFIED

9. SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer which suggest that the price paid was either more or less than its fair market value? If yes, check the box and explain:

10. INCOME TAX WITHHELD—Buyer(s) not required to withhold Maine income tax because:

Seller has qualified as a Maine resident

A waiver has been received from the State Tax Assessor

Consideration for the property is less than \$50,000

Foreclosure sale

11. OATH

Aware of penalties as set forth by 36 M.R.S. § 4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below:

Grantee _____ Date 6/13/2016 Grantor _____ Date 6/13/2016
Grantee _____ Date _____ Grantor _____ Date _____

12. PREPARER

Name of Preparer Michael K. McGovern Phone Number 207-799-5251
Mailing Address P.O. Box 6260 Email Address michael.mcGovern@capelizabeth.org
Cape Elizabeth, ME 04107 Fax Number 207-799-7141