



**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:

**CIOCCA, DENISE A.**

the land in Cape Elizabeth, Cumberland County, State of Maine. The land situated on **10 GREAT POND DRIVE**, which land is shown as **LOT 028 010 000** on Sheet **MAP R06** 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 32414 Page 82**

**Dated JULY 8, 2015**

**In Book 33251 Page 275**

**Dated JULY 6, 2016**

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 **13<sup>th</sup> day of February 2017**.

Town of Cape Elizabeth

Matthew E. Sturgis  
Town Manager

State of Maine  
Cumberland, SS

**February 13, 2017**

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,

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



\*12RETTD\*

**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

CIOCCA DENISE A

3b) SSN or Federal ID

3c) Name LAST or BUSINESS, FIRST, MI

10 GREAT POND DRIVE

3d) SSN or Federal ID

3e) Mailing Address after purchase of this property

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

R06

Block

028

Lot

010

Sub-Lot

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

502

5c) Physical Location

10 GREAT POND DRIVE

Check any that apply:

☐ No tax maps exist☐ Multiple parcels☐ Portion of parcel

5d) Acreage

**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)**

02-13-2017

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 \_\_\_\_\_ Grantor \_\_\_\_\_ Date \_\_\_\_\_

Grantee \_\_\_\_\_ Date \_\_\_\_\_ Grantor \_\_\_\_\_ Date \_\_\_\_\_

**12. PREPARER**

Name of Preparer

Matthew E. Sturgis

Phone Number 207-799-5251

Mailing Address

P.O. Box 6260

Email Address matthew.sturgis@capeelizabeth.org

Cape Elizabeth, ME 04107

Fax Number 207-799-5598