



HARVEY RUVIN
CLERK OF THE CIRCUIT AND COUNTY COURTS
Miami-Dade County

Office of County Recorder
P.O. Box 011711
Miami, Florida 33101

PROPERTY TRANSFER INFORMATION

Please note that all deeds are subject to audit by the Florida Department of Revenue.

Submitter Information (Please Print)	
Individual/Organization/Firm Name:	
Submitter Address:	
Phone:	Email:
Property Information (Please Print)	
Folio Number or Property Address or Legal Description:	
Grantor/Seller Names(s):	
Grantor/Seller Address:	
Grantee/Buyer Name(s):	
Grantee/Buyer Address:	
Date of Sale/Transfer:	<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial/Vacant
Sale/Transfer/Purchase Price/Consideration: \$	
Is there an existing mortgage on the property? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the balance of the mortgage at the time of the transfer; \$ _____	
Is this "Marital home" transfer pursuant to a divorce decree (Rule 12B-4.013(27)), Fl. Adm. Code)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you paying minimum documentary stamps (\$0.60)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain? _____ _____	
<u>WARNING!</u>	
PLEASE NOTE: PAYING DOC STAMPS IS NOT OPTIONAL. YOU ARE REQUIRED TO PAY DOC STAMP TAX UNLESS YOU HAVE A VALID EXEMPTION. THE DEPARTMENT OF REVENUE ROUTINELY REVIEWS AND AUDITS DOCUMENTS TO ENSURE THAT PROPER TAX IS PAID. FAILURE TO PAY THE REQUIRED TAX MAY RESULT IN PENALTIES AND INTEREST (SECTION 201.17(2), FLORIDA STATUTES.	
Under penalty of perjury, I declare that I have read the foregoing form and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration herein is based on all information of which he/she has any knowledge.	
_____ Signature of Grantor or Grantee or Agent	
_____ Grantor/Grantee or Agent (Print Name)	
Clerk File(s) #(s): _____	