

# **Wyandotte County Appraiser’s Office**

**Kathy Briney, RMA**

**County Appraiser**

**SALES VERIFICATION QUESTIONNAIRE**

Our office has received a copy of a deed which indicates you were involved in a recent property transfer in Wyandotte County. Kansas statute requires the County Appraiser’s Office to appraise real estate within its jurisdiction yearly. In meeting this requirement, the quality and quantity of the information collected regarding sales becomes critical. Your cooperation in furnishing the needed information is both necessary and greatly appreciated. Please take a few minutes to complete the following questionnaire and return it to the Appraiser’s Office within the next ten (10) days. In addition, please be aware our field staff will be out to verify property characteristic data, confirm exterior measurements on all structures, and take updated photos. If you have any questions or concerns, please call our office at 913-573-8400. Thank you!

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| --- | --- | --- | --- | --- |
| Buyer’s Name: |  |  |  | |
| Mailing Address: |  | Sale Date: |  | |
|  | Sale Price: | $ |  |

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| Property Address: |  |
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| **BUYER PORTION** | | | | | | | | | | | | | | | | | | | | | | | | |
| What was the final sale price? | |  | | | | | | | | | | | What was the asking price? | | | | | | | | |  | | |
| Did the seller assist with any of the closing cost? | | | | | | | | | |  | | | | | | | If yes, amount? | | | |  | | | |
| How was the sale price arrived at? | | | |  | | | | | | | | | | | | | | | | | | | | |
| (Ex: liquidation, counter offer, previous appraisal, payoff of mortgage balance, comparable sales, etc.) | | | | | | | | | | | | | | | | | | | | | | | | |
| Was there any major personal property included in the sale price? | | | | | | | | | | | | | | | |  | | | | | | | | |
| (Ex: lawn mowers, farm equipment, furniture, etc.) | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, were these items specified in the bill of sale or purchase agreement? | | | | | | | | | | | | | | | | | | |  | | | | | |
| If yes, what was the dollar amount of the items included? | | | | | | | | | | | |  | | | | | | | | | | | | |
| Was there any relationship between the buyer and seller? | | | | | | | | | | | |  | | | | | | Did it affect the sale price? | | | | |  | |
| Was the property exposed to the open market? | | | | | | | |  | | | | | | | | | | | | | | | | |
| Was this a foreclosure or a short sale? | | | | |  | | | | | | | | | | | | | | | | | | | |
| How was the property exposed? | | |  | | | | | | | | | | | | | | | | | | | | | |
| (Ex: real estate agent, for sale by owner, word-of-mouth, newspaper ad, auction company, website, etc.) | | | | | | | | | | | | | | | | | | | | | | | | |
| How long was the property on the market? | | | | | | |  | | | | | | | | | | | | | | | | | |
| Was the property occupied at the time of the sale? | | | | | | | | | | |  | | | | | | | | | | | | | |
| Was a fee appraisal completed on the property? | | | | | | | | |  | | | | | | | | | | | | | | | |
| If yes, what was the concluded value? | | | | |  | | | | | | | | | | | | | | | | | | | |
| Will this be used as a rental? |  | | | | | Monthly rent amount? | | | | | | | | |  | | | | | Utilities included? | | | |  |
| What condition was the property in at the time of the sale? | | | | | | | | | | | | |  | | | | | | | | | | | |
| Was the property in need of any work at the time of the sale? | | | | | | | | | | | | | |  | | | | | | | | | | |
| Were any changes made to the property after January 1st of this year? | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **DWELLING CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MAJOR REMODELING AND MODERNIZATION** | | | | | | | | | | | | | | | | | | | | | | **NUMBER OF ROOMS ABOVE GRADE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Applicable to entire house and within last 10 years)** | | | | | | | | | | | | | | | | | | | | | | **(Do not include any rooms in basement)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year |  | | | | | | | Remodeling Cost $ | | | | | | | |  | | | | | | Bedroom(s): | | | | |  | | | | | | | Den / Study / Office: | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **(CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | Kitchen: | |  | | | | | Family Room: | | | | | | | | | | | | | | | |  | | Living Room: | | | | | | | | | | | | |  | |
| Paint Flooring Roof HVAC Siding Room Addition | | | | | | | | | | | | | | | | | | | | | | Living/Dining Combo: | | | | | | | | | | | | |  | | | | | Separate Dining Room: | | | | | | | | | | | | | | | | | | |  | | |
| Foundation Wiring Plumbing Fixtures Cabinets | | | | | | | | | | | | | | | | | | | | | | Kitchen/Dining Combo: | | | | | | | | | | | | | |  | | | | | | | Other: | | | | | |  | | | | | | | | | | | | |
| **ROOMS REMODELED** | | | | | | | | | | | | | | | | | | | | | | **ATTIC (with permanent stairs)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whole House Living Room Dining Room | | | | | | | | | | | | | | | | | | | | | | Living Area Unfinished None | | | | | | | | | | | | | | | | | | | | | | Size of area: | | | | | | | | | | |  | | | | | | |
| Kitchen Bathroom Bedroom Basement | | | | | | | | | | | | | | | | | | | | | | **BASEMENT INFORMATION (CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | |  | | | | | | | | | | | | | | | | | | Slab Crawl Partial Full Walkout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please estimate the percent complete: | | | | | | | | | | | | | | | % | | | | | | | Ingress/Egress Windows: Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DWELLING ISSUES (CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | **Basement Under Main Floor Area:** ¼ ½ ¾ 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure Roof Water Leaks Outdated | | | | | | | | | | | | | | | | | | | | | | **FINISHED BASEMENT ROOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEATING (CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | Family/Rec Room: | | | | | | | | |  | | | | | | | Bedroom: | | | | | | | | | |  | | | | | | Bath: | | | |  | | | |
| **Fuel Type:** Gas Electric Oil Coal Solar None | | | | | | | | | | | | | | | | | | | | | | Other Rooms: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **System Type:** Forced Air Elect. Baseboard Solar | | | | | | | | | | | | | | | | | | | | | | Finished Basement Area | | | | | | | | | | | | | | | sf | | | | | | | | | | | | | | | or | | | % | | | | | | |
| Hot Water Heat Pump Wall Heater | | | | | | | | | | | | | | | | | | | | | | **Is the quality of the floor, wall & ceiling finish equivalent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | |  | | | | | | | | | | | | | | | | | | | | **to the main/upper floor living area?** Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AIR CONDITIONING (CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | **PLUMBING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Central Window Unit None | | | | | | | | | | | | | | | | | | | | | | **(Number on all floors including basement)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | |  | | | | | | | | | | | | | | | | | | | Full Bath: | | |  | | | | | 3/4 Bath: | | | | | | | | | | | | |  | | | | | | | 1/2 Bath: | | | | | | |  | | | | |
| **NUMBER OF FIREPLACES** | | | | | | | | | | | | | | | | | | | | | | ***Number of Additional Fixtures:*** | | | | | | | | | | | | | | | | | | | | | | | | Double Sink(s): | | | | | | | | | |  | | | | | |
| Brick or Stone: | | | | | | |  | | | | | Pre-Fabricated/Built In: | | | | | | |  | | | Laundry/Utility Sink: | | | | | | | | | | |  | | | | | | Spa Tub: | | | | | | | | |  | | | | | Wet Bar: | | | | | | | |  |
| Free Standing: | | | | | |  | | | | Direct-Vented, Gas/Electric: | | | | | | | | | |  | | **GARAGE CAPACITY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wood Burning Stove: | | | | | | | | | | |  | | | With Ducts: | | | | Yes / No | | | | Attached: | | | |  | | | | | | car(s) | | | | | | | | | Detached: | | | | | | | | | | |  | | | | | car(s) | | | | |
| **CONDITION (use codes to the right)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Overall: | | | | | | |  | | | | | | Roof: | | | |  | | | | Flooring: | | | | | | | | | |  | | | | | | | | | | | NF = | | | | | | | | | Non-functional | | | | | | | | | | |
| Electrical: | | | | | | |  | | | | | | Plumbing: | | | |  | | | | Interior Walls/Ceiling: | | | | | | | | | |  | | | | | | | | | | | NW = | | | | | | | | | Needs work | | | | | | | | | | |
| Foundation: | | | | | | |  | | | | | | Infestations: | | | |  | | | | Exterior Walls: | | | | | | | | | |  | | | | | | | | | | | Avg = | | | | | | | | | Average for its age | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WM = | | | | | | | | | Well maintained | | | | | | | | | | |
| Please feel free to list any other additional comments that you may have: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Owner Tenant Agent Manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Daytime Phone #:** | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |