

Wyandotte County Appraiser's Office

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SALE 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 via mail, hand deliver, email, fax, or submit this form online at https://www.wycokck.org/Departments/Appraisers-Office/Forms, under Questionnaires select Sales Verification Questionnaire.

Name:		QuickRef ID:
Mailing Address:		Sale Date:
		Sale Price:
Contact Number:	En	ail:
Property Address:		
	Sale Information	
How was the property exposed? (Ex: real estate agent, for sale	by owner, word-of-mouth, Facebook, sign in yard, newspape	ad, auction company, website, etc.)
How long was the property on the n	narket?	
What was the asking price?	What was the final sale price?	
How was the sale price errived at?	counter offer, previous appraisal, payoff of mortgage balance	
Did the seller assist with any of the	closing cost? If yes,	amount?
Was there any relationship between	the buyer and seller? I	Did it affect the sale price?
Was this a foreclosure or a short sal	e?	
		ed value?
What condition was the property in	at the time of the sale?	
Was the property in need of any wo	rk at the time of the sale?	
Were any changes made to the prop	erty after January 1st of this year?	
If Yes, when were those changes co	mpleted by?	
If yes, were these items specified in	the bill of sale or purchase agreement	?
If yes, what was the dollar amount of	of the items included?	
		Utilities included?
Please be aware our field staff will be	e out to verify property characteristic d	ata, confirm exterior measurements

on all structures, and take updated photos.

DWELLING CHARACTERISTICS

MAJOR REMODELING AND MODERNIZATION	NUMBER OF ROOMS ABOVE GRADE		
(Applicable to entire house and within last 5 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: 1/4 1/2 3/4 100%		
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)			
	oring: NF = Non-functional		
	erior Walls/Ceiling: NW = Needs work		
Foundation: Infestations: Exterior Walls: Avg = Average for its a			
Other:	WM = Well maintained		
Is there anything that you feel the County should know that would affect the value of this property?			
Signature:	Date:		
Owner Tenant Agent Manager Daytime Phone #•			