

THE MASONIC CHARITY FOUNDATION OF CONNECTICUT

PROPERTY INQUIRY FORM

Please complete this form to the best of your ability, if you are interested in donating a piece of property to the Foundation. The completed form should be sent to The Masonic Charity Foundation of CT, P.O. Box 70, Wallingford, CT 06492.

I. **Ownership:** (full names and addresses of all owners, use additional page if necessary):

Name: _____

Address: _____

Telephone: (Business) () _____ (Home) () _____

Type of ownership: _____ Sole _____ Joint _____ Community _____

Property _____ General Partnership: _____ Limited Partnership _____

Corporation _____

Does Ownership include mineral rights, water rights, any restrictive easements, convenience and ROW's, etc.?

II. **Location:**

Is there an address? _____

City _____ County _____ State _____

How is the property designated on tax maps? _____

What is the nearest large town or city? _____

Distance from nearest large town or city? _____

Directions from nearest large town or city _____

III. **Financial and Title Information:**

How did you acquire this property? _____

How long have you owned this property? _____

What did you pay for the property? _____

Is there an unpaid mortgage? _____ (Yes) _____ (No)

Amount of unpaid mortgage \$ _____

Please describe any liens or encumbrances _____

Is there any pending litigation with regard to the property? If so, please describe:

Are there tenants on the property? _____ (Yes) _____ (No)

Annual rent income? _____

Did you have a recent appraisal? _____ (Yes) _____ (No)

Appraisal date _____

Appraised (approximate) market value \$ _____

Please provide a copy of the appraisal, if available.

Amount of annual taxes \$ _____

When are taxes due? _____

Zoning? _____

Has the property been the subject of any regulatory designations (such as wetlands)? If so, please list type of designation and regulatory agency:

Do you have title insurance? _____ (Yes) _____ (No)

Name of title insurance company _____
What is the policy number? _____

Please provide a copy of the policy if available.

Have any insurance claims been made with regard to the use of this property? Is so, please describe:

IV. **Description:**

_____ Residence _____ Vacant Land _____ Condominium
_____ Rental _____ Commercial _____ Other

Number of acres: _____ Approximate dimensions: _____

Boundaries (roads, water, development, etc.) _____

Natural features (vegetation, water, geological formations, etc.) _____

Improvements (buildings, roads, utility easements, etc.) _____

Wildlife: Please list wildlife which has been identified on property with emphasis on rare or endangered species: _____

Usage: Please give a brief history of how property was used before and during your ownership: _____

Is the property befitted by any rights of way or easements? Please Describe:

Describe uses on adjacent parcels _____

To your knowledge, has this property ever been subject to any type of environmental pollutants? _____

If so, has an environmental (Phase 1) study ever been completed?

V. **Disposition:**

Do you intend to convey this property to MCF outright or in trust either through your will or during your life time? _____ (Yes) _____ (No)

How can MCF make arrangements to have a representative visit the property?

VI. **Supporting Information:**

Please attach any information that will help MCF evaluate the property, such as:

_____ topo map _____ tax map _____ aerial photo

_____ soil survey _____ survey _____ latest tax notices