

ACCF ANNUAL FUND

Gift of Real Property Information Form



AMERICAN
COLLEGE of
CARDIOLOGY

Thank you for considering a real property donation to the **American College of Cardiology Foundation** ("ACCF"). Please complete this form and return it to **ACCF**. **ACCF's** receipt of this form is not an acceptance of the donation. The information requested will assist us in completing the requisite due diligence for the proposed gift. **ACCF** does not provide tax or legal advice in connection with your proposed real property donation. Please consult with your own tax and legal advisors.

Return to:

ACCF Annual Fund
2400 N St. NW
Washington, DC 20037
FAX: 202-375-6842

For ACCF Use Only:

Date Rec'd: ___/___/_____

Member ID: _____

App'd: _____

Denied: _____

OWNER INFORMATION

Property Owner's Name _____ Phone # _____
(First, middle, last)

Co-Owner's Name _____ Phone # _____
(First, middle, last)

Property Owner's Street Address _____

City, State, Zip Code _____

PROPERTY INFORMATION

Municipality _____ County _____

Tax Block# _____ Tax Lot # _____ Tax Assessment \$ _____ Total Acreage _____

Prior Years Taxes \$ _____ The Property Taxes are paid up until _____

Nearest Street or Road _____

Are there any structures located on the property? Yes No

If yes, please describe: _____

Have any commercial activities ever taken place on this property Yes No

If yes, please describe: _____

Are there any easements or deed restrictions affecting the use of this property? Yes No

Is there a mortgage on this property? Yes No

If yes, please list all mortgages that are liens against this property, provide the original amount and approximate balance.

List any leases or use agreements currently in effect. _____

Please tell us about your property. Are you aware of any unique or special environmental features such as springs, ponds, unusual geology, endangered plants or animals? If you need additional space, please use a separate sheet of paper.

Is the property free from dumping or debris? Yes No

Have any noxious materials ever been stored on the property? Yes No

If so, what? _____

REPRESENTATIVE INFORMATION

Do you authorize a person to act as your representative in all matters pertaining to this application? Yes No

What is this person's relationship to you (i.e. family member, realtor, attorney)? _____

Name of Representative _____

Representative's Street Address _____

City, State, Zip Code _____

APPLICATION INFORMATION

If available, please attach any or all of the following: Tax map(s) locating property boundaries; Title; Copy of Insurance Policy; Copy of Deed of Property; Survey; and Copy of Last Tax Bill.

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2400 N St. NW

Washington, DC 20036

Phone: **202-375-6000**

Email: membercare@acc.org

OWNER ACKNOWLEDGMENTS AND AUTHORIZATIONS

- I hereby certify that the information included in this application is true, that I am the legal owner of the property described above, that I have marketable title to the Property and that I have the legal right to sell/donate the property.
- I hereby acknowledge and understand that ACCF's receipt of this form, along with any accompanying documents, is not an acceptance of the donation by ACCF. ACCF reserves the right not to accept my contribution in accordance with ACCF's policies regarding donations. ACCF will complete its due diligence and will notify me about whether the gift will be accepted.
- I hereby authorize the staff of the ACCF to conduct such site inspections on the property as are necessary to this application.
- I hereby acknowledge and agree that I have not and will not rely on information received from ACCF as to tax and legal matters pertaining to the donation of real property. I will consult with my own tax and legal advisors.

Signature of Owner (Applicant) _____ Date _____

Signature of Owner (Co-Applicant) _____ Date _____