



**Josephine County Assessor
Certificate of Charges Paid
ORS 311.411**

500 NW 6th Street, Dept. 3
Grants Pass, OR 97526
Phone (541) 474-5260
Fax: (541) 474-5261
Email: assessor@co.josephine.or.us

This certificate of charges paid is required to be certified by the Assessor prior to an instrument being recorded conveying interest to a public entity exempt from property taxes as provided for in ORS 307.040 & 307.090.

REQUESTING PARTY INFORMATION			
<input type="checkbox"/> Grantee	<input type="checkbox"/> Grantor	<input type="checkbox"/> Title Officer	<input type="checkbox"/> Other (specify)
Name:			
Address:			
Phone:		Email:	
PARTY INFORMATION			
Grantee:		Grantor:	Expected Recording Date:
PROPERTY INFORMATION			
Assessor Account Number		Map & Tax Lot Number	
1)			
2)			
3)			
4)			
5)			
ASSESSOR'S USE ONLY			
Date Request Received:		Received By:	
Is Grantee exempt from property taxation per ORS 307.040 & 307.090? No certificate required for HUD property per U.S.C. §1714.		<input type="checkbox"/> Yes <input type="checkbox"/> No (Certificate not required)	
Outstanding balance for prior tax years?		<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Potential additional tax requiring disqualification and collection? See ORS 308A.709 (i.e. forestland, etc.) for no additional taxes imposed.		<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Advance payment estimate for transfers after June 30?		<input type="checkbox"/> Yes \$	<input type="checkbox"/> No

Applicant Certification: By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. I understand that the deed must be recorded the same day that this certificate of charges paid is signed. If not recorded the same day, the certificate is invalid.

Applicant Name (Print) _____ Applicant Signature _____ Date _____

County Certification: By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.

Name (Print) _____ Signature _____ Seal _____ Date _____

**Not Valid Without Official County Seal*