

NWF State College Foundation
PROPOSED GIFT OF REAL ESTATE QUESTIONNAIRE

DONOR(S) NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DONOR(S) SSN: _____

PREPARER: _____

PROPERTY ADDRESS: _____

CITY/STATE/ZIP: _____

ESTIMATED VALUE: \$ _____ PARCEL #: _____

BASIS OF ESTIMATE: _____

PROPERTY TYPE

- | | |
|---|--|
| <input type="checkbox"/> Unimproved Land | <input type="checkbox"/> Single Family Residence |
| <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Multiple Unit Dwelling | # Units _____ |
| <input type="checkbox"/> Other _____ | |

TYPE OF GIFT

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Outright | <input type="checkbox"/> Life Estate |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gift Annuity | |

SOURCE OF CONTACT

- | | |
|---|--|
| <input type="checkbox"/> Current Donor | <input type="checkbox"/> Professional Referral |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Staff Referral | |

- | |
|--|
| <p>____ Real Estate Gift Form Completed (this form)</p> <p>____ Real Estate Gift Form Signed by All Parties</p> <p>____ Schedule A Completed for Rental Property</p> <p>____ Phase I Environmental Assessment Completed or waived by NWF State College Foundation (Schedule B must be completed if Phase 1 is waived).</p> <p>____ Supplemental Documents Attached (see item 18)</p> <p>____ All materials forwarded to President for submission to Gift Acceptance Committee for review</p> |
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<p>STEP 1 – Gift Acceptance Committee Recommendation</p> <p>Date: _____</p> <p>Names: _____</p> <p>Recommendation: _____</p> <p style="text-align: center;">Step 2 – NWF State College Foundation Approval</p> <p>Date: _____</p> <p>Name(s): _____</p> <p>Signature: _____</p>
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NWF State College Foundation
PROPOSED GIFT OF REAL ESTATE - DONOR DETAIL

(This Section should be completed by the Executive Director)

1. Is the primary motivation of the donor a sincere desire to provide support for the Foundation (charitable disposition/intent)? Yes No

2. Does the donor wish to restrict the use of the gift or the proceeds therefrom?
 Yes No

3. If yes, please describe the restriction: _____

4. Will the gift be used to provide income to the donor and/or other beneficiaries (i.e. gift annuity, charitable remainder trust, pooled income fund, etc.)? Yes No

5. Will there be more than one life income beneficiary: Yes No

6. If yes, please provide names, birthdates and social security numbers of beneficiaries:

7. Has the donor been apprised of his/her responsibility to have an appraisal prepared at his/her expense? Yes No

8. Was the donor advised of IRS Form 8283 and its appraisal requirements: Yes No

9. Was the donor advised that the Foundation must report to the IRS if property is sold within two years after the date of the gift? Yes No

10. Are there any problems unique to the property that has not yet been discussed (i.e. zoning questions, disputes with neighbors, property upkeep, controversial development planned for the area)? Yes No

11. If yes, please explain: _____

NWF State College Foundation
PROPOSED GIFT OF REAL ESTATE – PROPERTY DETAIL

(This Section should be completed by the Executive Director along with the Donor)

1. Has a Foundation representative visited the property?

Yes Name: _____ Date: _____

No Give Reason: _____

2. How is the Property Held?

Separate Property Name: _____

Joint Tenancy Names: _____

Community Property Names: _____

Tenants in Common

 Name(s): _____ % Owned: _____

 Name(s): _____ % Owned: _____

In Existing Trust

 Trust Name: _____

 Type: _____

3. Donor's Acquisition Date: _____

4. How Acquired: _____

5. Cost Basis:

 Original Basis: \$ _____

 Capital Improvements: + _____

 Straight Line Depreciation: - _____

 Adjusted Basis: \$ _____

6. Was Accelerated Depreciation Taken: Yes No

Note: The difference between straight-line depreciation and accelerated depreciation must be recaptured. The gross value of the gift will be reduced by the Recapture Amount for the donor's tax purposes.

7. Annual Property Taxes: \$ _____

Are the Taxes current: Yes No Amount Overdue: \$ _____

County: _____	Phone #: _____	Date: _____
Contact Name: _____	Current Thru: _____	
Confirmed By: _____		

(Call the appropriate county and complete the information requested in the box above)

8. Is there a Mortgage or lien on the Property: Yes No Amount: _____

9. Is the Land Leasehold: Yes (attach copy of lease) No

10. Is this a Condominium/Townhouse: Yes (attach detail) No

Are Association Fees Current: Yes No Amount Due: \$ _____

Monthly Fees: \$ _____

11. Is it a House in a Homeowner's Association:

Are Association Fees Current: Yes No Amount Due: \$ _____

Monthly Fees: \$ _____

12. What type of parking is available:

Garage Carport Paved Lot Street Other: _____

Is the parking adequate for the Property: Yes No

13. Is the insurance current on the Property? Yes No

14. Is there any Tangible Personal Property that will be left on the site?
(i.e. appliances, furniture, pool equipment, garden tools, farm tools, etc.)

YES (describe in detail on separate sheet) No

If yes, a gift of tangible personal property will be considered a separate gift due to its different characteristics and treatment under federal tax law. Donor(s) should initial here to indicate acknowledgement that a gift of tangible personal property is an outright gift not included in the gift of real estate and would be excluded from the funding of a planned gift.

Initial Here: _____

15. Is this a rental property? Yes No

If yes, complete Schedule A – Rental Property Questionnaire

16. Marketability

Has an appraisal been completed within the last 6 months: Yes No

(If yes, please attach a copy thereof)

Is the property deemed “readily marketable” (i.e. can examples be provided of recent comparable sales)? Yes No

Has the property been placed on the market within the last 12 months? Yes No

(If yes, please indicate dates, listing price, any offers received & name/phone # of agent)

17. Property Maintenance Budget (Must Be Completed)

Annual Income:			
Rents			\$
Other			\$
TOTAL INCOME			\$

Annual Expenses:			
Real Estate Taxes			
	Vendor	Account #	
Caretaker			\$
Condo/Assn. Fees			\$
Electric			\$
Gas			\$
Insurance			\$
Landscaping			\$
Maintenance Service			\$
Misc. Repairs			\$
Oil			\$
Pool Service			\$
Security			\$
Snow Removal			\$
Trash Collection			\$
Water/Sewer			\$
Other:			\$
			\$
TOTAL EXPENSES			\$
NET INCOME (LOSS)			\$

18. Supplementary Documentation Needed (Check box if attached)

- Rental Property Detail (Schedule A), if applicable
- Phase I Environmental Assessment or if waived, Environmental Detail (Schedule B)
- Copy of current deed (containing full legal description)
- Copy of current independent fee appraisal (MAI or equivalent)
- Copy of recent property tax bill
- Copy of abstract of title or title insurance
- Copy of survey
- Copy of Leasehold Agreement, if applicable
- Copy of Homeowner/condo Association Agreements (CCR's), if applicable
- Copies of ongoing business documents (audited operating statements, zoning use and occupancy permits/certificates, management contracts, etc.), if applicable
- Copies of other relevant documents (please describe):

Preparer represents that to the best of the preparer's knowledge the above statements and facts are true and correct and to the best of the preparer's actual knowledge, no material facts have been suppressed or misstated.

Signatures:

Preparer: _____ Date: _____

Owner: _____ Date: _____

Owner 2: _____ Date: _____

Owner 3: _____ Date: _____

Charity Rep: _____ Date: _____

SCHEDULE A

NWF State College Foundation

PROPOSED GIFT OF REAL ESTATE

RENTAL PROPERTY DETAIL

(This Section should be completed by the Donor or the Donor's Advisor)

1. Are there written leases: Yes (attach copies of all leases)
 No Attach summary of verbal understanding between parties (amount of rent; when payable; party responsible for maintenance, repairs, taxes; special situations/agreements with tenants; any other relevant details).

2. Is property or donor subject to any other agreements (such as equipment maintenance, pool maintenance, security, property management)?

 Yes (attach copies of Agreements) No

3. Are tenants responsible for own utility costs: Yes No

4. Tenant Summary:

NAME	UNIT	RENT/MO	PAID THRU	SECURITY HELD	PREPAID RENT HELD
TOTALS:				\$	\$

SCHEDULE B

NWF State College Foundation PROPOSED GIFT OF REAL ESTATE ENVIRONMENTAL DETAIL/QUESTIONNAIRE

**** ATTACH REQUIRED PHASE I ENVIRONMENTAL ASSESSMENT, UNLESS REQUIREMENT IS WAIVED BY NWF STATE COLLEGE FOUNDATION AND THE ATTACHED SCHEDULE B IS COMPLETED ****

The purpose of this Questionnaire is to provide information about past and present ownership and uses of the real property which will be relied upon by the Foundation in deciding whether to participate in a property transaction. Please respond fully to all questions, including supporting documentary evidence where appropriate. If unable to answer, please respond with "unknown" or "not applicable". Please attach additional pages as needed.

The following questions should be asked of:

1. The current Owner of the property
2. Any major Occupant of the Property or, if the Property does not have any major occupants, at least ten percent (10%) of the Occupants of the Property, and
3. Any Occupant likely to be using, treating, generating, storing or disposing of Hazardous Substances on or from the Property.

A major Occupant is:

1. Any Occupant using forth percent (40%) or more of the space in a building on the Property, or
2. Any anchor tenant in a Shopping Center.

On a multifamily property containing both residential and commercial uses, the preparer does not need to ask questions of the residential occupants. The Preparer should ask all persons to answer all questions to the best of the respondent's knowledge and in good faith. When completing the Site Visit column, the Preparer should be sure to observe the Property and any buildings and other structures on the Property.

(1) BACKGROUND

- 1.1 Address and Location of Property: _____

- 1.2 County: _____
- 1.3 Assessors Parcel #: _____
- 1.4 Date of last transfer of ownership: _____

(2) ATTACHMENTS

- 2.1 Was a pre-acquisition site assessment or environmental audit required? Yes No
If so, attach a copy of report.
- 2.2 Is a site, plot plan and location map for the property attached? Yes No
- 2.3 Are copies of all governmental and regulatory permits and licenses of any nature whatsoever in regard to the operation of the business at the site attached? Yes No

(3) OWNERSHIP AND USE

- 3.1 Name of current owner: _____
- 3.2 Address: _____

- 3.3 Telephone: _____
- 3.4 Name of current occupant: _____
- 3.5 Address: _____

- 3.6 Telephone: _____

(4) PROPERTY DESCRIPTION

- 4.1 Size and dimensions of the parcel: _____
- 4.2 When were the buildings on the premises constructed and by whom? Date: _____

Name of Company or Individual
- 4.3 Were any of the buildings on the premises constructed or improved on prior to 1986?
 Yes No

4.4 Type and description of improvements: _____

4.4 Size and dimensions of the buildings? _____

(5) INTERVIEWS AND SITE VISIT

		<u>Owner</u>			<u>Occupant</u>			<u>Site Visit</u>		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
5.1	Industrial Use Is the Property of any adjoining property used for an industrial use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Business Use Is the property or any adjoining property used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing, or recycling facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Past Industrial Use To the best of your knowledge, has the Property or any adjoining property been used for an industrial use in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Past Business Use To the best of your knowledge, has the property or any adjoining property been used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing, or recycling facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Land Issues Are there currently, or to the best of your knowledge have there been previously, any pesticides, automotive or industrial batteries, paints, or other chemicals stored on or used at the property in individual containers of greater than five gallons in volume or fifty gallons in the aggregate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	Industrial Drums Are there currently, or to the best of your knowledge have there been previously, any industrial drums (typically 55 gallon) or sacks of chemicals located on the Property or at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Contaminated Dirt Has fill dirt been brought onto the Property which originated from a Contaminated site or which is of an unknown origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>Owner</u>			<u>Occupant</u>			<u>Site Visit</u>		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
5.8	Ponds, Pits and Lagoons Are there currently, or to the best of your knowledge have there been previously, any pits, ponds or lagoons located on the Property in connection with waste treatment or waste disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9	Stained Soil Is there currently, or to the best of your knowledge has there been previously, any stained soil on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.10	Storage Tanks Are there currently, or to the best of your knowledge have there been previously, any registered or unregistered storage tanks (above or underground) located on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.11	Vent/Fill Pipes and Access Ways Are there currently, or to the best of your knowledge have there been previously, any vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground on the Property or adjacent to any structure located on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.12	Stained Walls Are there currently, or to the best of your knowledge have there been previously, any flooring, drains, or walls located within the facility that are stained by substances other than water or are emitting foul odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.13	Private Wells If the Property is served by a private well or non-public water system, have Contaminants been identified in the well or system that exceed guidelines applicable to the water system or has the well been designated as Contaminated by any government environmental/health agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.14	Environmental Liens Does the Owner or Occupancy of the Property have any knowledge of environmental liens or governmental notification relating to past or current violations of environmental laws with respect to the Property or any facility located on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.15	Hazardous Substances Has the Owner or Occupant of the Property been informed of the past or current existence of Hazardous Substances (including but not limited to asbestos, polychlorinated biphenyls (PCBs), radon gas and agricultural chemicals) or environmental violations with respect to the Property or any facility located on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.16	Environmental Site Assessment Does the Owner or Occupant of the Property have any knowledge of any Environmental Site Assessment of the Property or facility that indicated the presence of Hazardous Substances on, or Contamination of, the Property or recommended further assessment of the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | <u>Owner</u> | | | <u>Occupant</u> | | | <u>Site Visit</u> | | |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | YES | NO | N/A | YES | NO | N/A | YES | NO | N/A |
| 5.17 | Lawsuits
Does the Owner or Occupant of the Property know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any Hazardous Substance involving the Property by any Owner or Occupant of the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.18 | Waste Water Discharge
Does the Property discharge waste water, other than storm water, directly to a ditch or stream on or adjacent to the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.19 | Dumping of Waste materials
To the best of your knowledge, have any construction debris other than demolition debris, Hazardous Substances, unidentified waste materials, tires, automotive or Industrial batteries or any other waste materials been dumped above grade, buried and/or burned on the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.20 | Purchase Price – Purchaser
If the Questionnaire is being prepared in connection with the purchase of the Property, does the purchase price reflect the presence of Hazardous Substances on the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(6) RECORDS & SOURCES INQUIRY

Do any of the following Federal government record systems list the Property or any property within the circumference of the area noted below?

- 6.1 National Priorities List – within 1.0 mile / 1.6 Km? Yes No Unknown
- 6.2 CERLIS List – within .5 mile / .8 Km? Yes No Unknown
- 6.3 RCRA TSD Facilities – within 1.0 mile / 1.6 Km? Yes No Unknown

Do any of the following state record systems list the Property or any Property within the circumference of the area noted below?

- 6.4 State list of sites maintained by state environmental agency identified for investigation or Remediation that is the state agency equivalent to NPL within 1.0 mile / 1.6 Km?
 Yes No Unknown
- 6.5 State list of sites maintained by State environmental agency identified for investigation of remediation that is the state equivalent to CERCLIS within .5 mile / .8 Km?
 Yes No Unknown
- 6.6 Leaking Underground Storage Tank (LUST) within .5 mile / .8 Km? Yes No Unknown
- 6.7 Solid Waste/Landfill Facilities within .5 mile / .8 Km? Yes No Unknown

6.8 Based upon a review of Fire Insurance Maps, consultation with the local fire department serving the Property, or review of aerial photographs, all as specified in the Guide, are any buildings or other improvements on the Property on an Adjoining Property identified as having been used for an industrial use or uses likely to lead to Contamination of the Property?

Yes No Unknown

(7) PREPARER

The Preparer of the Transaction Screen Questionnaire must complete and sign the following statement. This Questionnaire was completed by:

7.1 Name: _____

7.2 Title: _____ 7.3 Division: _____

7.4 Address: _____

7.5 Phone Number: _____ 7.6 Date: _____

(8) SIGNED

8.1 Copies of the completed Questionnaire have been filed at: _____

8.2 Copies of the completed Questionnaire have been mailed or delivered to : _____

Effective Date:
Revision Date:

Approval: _____