

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 06/21/2023 Weekly Agenda Date: 06/27/2023

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Diane Swoboda Peterson; Real Estate/ Recorder Deputy

WORDING FOR AGENDA ITEM:

County Portion of Transfer Tax Refund Request

ACTION REQUIRED:

Approve Ordinance

Approve Resolution

Approve Motion

Public Hearing

Other: Informational

Attachments

EXECUTIVE SUMMARY:

Closing Siouxland is requesting a refund of \$53.68 which is the county portion of transfer tax on a deed recorded in the wrong county.

BACKGROUND:

Deed 2022-11044 was recorded on 9/7/2022 & it should have been recorded in Buena Vista County, not Woodbury. Transfer Tax of \$311.20 was paid along with recording fees. Closing Siouxland requested & received a refund for the state portion of transfer tax. They are now requesting the county portion of transfer tax.

FINANCIAL IMPACT:

The county portion of transfer tax to be refunded is \$53.68. The distribution should come from the county General Basic fund.

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Recommend the county portion of transfer tax be refunded to Closing Siouxland.

ACTION REQUIRED / PROPOSED MOTION:

Approve Closing Siouxland's refund request for \$53.68 from General Basic for the county portion of transfer tax paid on Deed 2022-11044



Board of Supervisors,

I am requesting a refund of the County portion of transfer tax. The attached deed was submitted and recorded in the wrong county. This is Buena Vista County property. The deed has since been recorded in the correct county and transfer tax has been paid to them. We received a refund for the state portion of the transfer tax but are needing the remaining county portion back please.

\$53.68 (Remaining balance with county)

Thank you,

Erica Kellen

Closing Siouxland, Inc.

2400 4th Street

Sioux City, IA 51101

712-224-3669

712-224-3670 (fa

Document Number: 2022-11044
Recorded: 9/7/2022 at 8:41:09.0 AM
County Recording Fee: \$17.00
Iowa E-Filing Fee: \$3.00
Combined Fee: \$20.00
Revenue Tax: \$311.20
PATRICK F GILL AUDITOR & RECORDER
Woodbury County, Iowa

Ryan A. Mohr, Attorney

Return Document To: Curtis M. Caboth and Amanda R. Caboth, 590 580th St., Alta, IA 51002
Preparer Information: Ryan A. Mohr, P.O. Box 1284, Storm Lake, IA 50588, Phone: (712) 732-1873
Address Tax Statement: Curtis M. Caboth and Amanda R. Caboth, 590 580th St., Alta, IA 51002

WARRANTY DEED

There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the below described real property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.


For the consideration of one (\$1.00) Dollar and other valuable consideration, Patrick E. Petersen and Annette M. Petersen, husband and wife, do hereby Convey to Curtis M. Caboth and Amanda R. Caboth as joint tenants with full rights of survivorship and not as tenants in common, the following described real estate in Buena Vista County, Iowa:

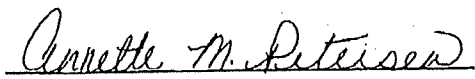
LOTS TWO (2), THREE (3), AND FOUR (4), MUMMERT'S ADDITION BEING A PART OF LOT THREE (3) OF THE AUDITOR'S SUBDIVISION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER (NE $\frac{1}{4}$ NE $\frac{1}{4}$) OF SECTION TWENTY-SIX (26), TOWNSHIP NINETY-ONE (91) NORTH, RANGE THIRTY-EIGHT (38) WEST OF THE 5TH P.M., BUENA VISTA COUNTY, IOWA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: Beginning at the Northeast (NE) corner of the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of said Section 26; thence on an assumed bearing of South 00°55'57" West, along the East line of said NE $\frac{1}{4}$ NE $\frac{1}{4}$, 295.90 feet; thence North 89°23'38" West, 657.05 feet to the West line of said Lot 3; thence North 00°50'41" East, along the West line, 295.90 feet to the North line of said NE $\frac{1}{4}$ NE $\frac{1}{4}$; thence South 89°23'38" East, along said North line, 657.50 feet to the Point of Beginning. Tract contains 4.47 acres and is subject to all easements of record.

Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and Convey the real estate; that the real estate is free and clear of all liens and encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate.

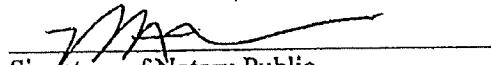
Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

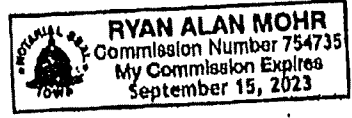
Dated: 9-1-2022


Patrick E. Petersen


Annette M. Petersen

STATE OF Iowa, COUNTY OF Buena Vista
This record was acknowledged before me this 1st day of September, 2022, by
Patrick E. Petersen and Annette M. Petersen, a married couple.


Signature of Notary Public



PLEASE COMPLETE FORM IN ITS ENTIRETY

(see instructions on back)

STATE APPEAL BOARD CLAIM FORM AND AFFIDAVIT

CLAIM NUMBER

6230050
(for Appeal Board use only)

Submit to:

STATE APPEAL BOARD
Department of Management
State Capitol, 1007 E. Grand Ave, Room 13
Des Moines, Iowa 50319

This form is also available on the Internet at
<http://www.dom.state.ia.us/appeals/index.html>

RECEIVED
STATE APPEAL BOARD

DATE RECEIVED: **SEP 18 2022**

(for Appeal Board use only)

Directions: A **TORT CLAIM MUST** submit 3 complete sets of documents, an original form with any attachments and two claim form copies with attachments for **EACH**, CLAIMANT and NOTARY PUBLIC must sign. A **GENERAL CLAIM MUST** submit 2 complete sets of documents, an original and one copy, with attachments for **EACH**. Please see specific directions on the back of this form that pertain to the type of claim you are filing.

1. NAME OF CLAIMANT (please print full name)

Closing Siouxland Inc.

2. DATE OF BIRTH

3. ADDRESS OF CLAIMANT (Street, City, State, Zip Code)

2400 4th Street

Sioux City, IA 51101

4. TELEPHONE: PERSONAL

BUSINESS

712-224-3669

Email Address: erica@closingsiouxland.com

OR

FEDERAL TAX IDENTIFICATION NUMBER

46-2936166

5. CLAIMANT'S SOCIAL SECURITY NUMBER

6. IDENTIFY STATE AGENCY OR DEPARTMENT INVOLVED

Woodbury County Recorder - Becky Bliven

7. LOCATION OF ACCIDENT/INCIDENT

<- For Tort Claims Only ->

E-Submission Iowa Land Records Website

8. DATE/TIME OF ACCIDENT/INCIDENT

09/07/2022 8:41 AM

9. SELECT TYPE OF CLAIM: place an X in the box (A SEPARATE claim must be filed by each claimant for each of the three types of claims defined below)

X

(1) GENERAL CLAIM AMOUNT:

\$331.20

(2) TORT CLAIM AGAINST THE STATE

(3) TORT CLAIM AGAINST STATE EMPLOYEE(S)

Give employee(s) name and department:

FOR TORT CLAIMS, INDICATE ONE OF THE FOLLOWING:

PROPERTY DAMAGES \$

PERSONAL INJURY \$

WRONGFUL DEATH \$

10. BASIS OF CLAIM (Please provide all the information required on the reverse side of this form. Attach separate sheets if necessary.)

Warranty Deed was filed in the wrong county. Woodbury County Recorded the document and collected the transfer tax. This should have gone to Buena Vista County.

11. NAME, ADDRESS, TELEPHONE # AND EMAIL ADDRESS OF ATTORNEY, IF ONE HAS BEEN RETAINED IN THIS CASE.

12. ATTORNEY'S SOCIAL SECURITY NUMBER

OR

FEDERAL TAX IDENTIFICATION NUMBER

I, the claimant, being duly sworn upon oath depose and state that I have read the supplied information and the same is true and correct to the best of my belief.

To be completed by Notary Public

NOTARY PUBLIC SIGNATURE (required for all TORT claims)

My commission expires:

Subscribed and sworn to before me this _____ day of _____, 20____

Erica

CLAIMANT'S SIGNATURE

GENERAL CLAIM REPORT

Claimant: CLOSING SIOUXLAND INC.

Department: Revenue, Department of

Claim Number: G230050

Claim Amount: \$331.20

Date Received: 9/12/2022

Type of Claim: WARRANTY DEED INCORRECTLY RECORDED AND REFUND FOR TRANSFER TAX REQUESTED

Agency Information

Specify Basis of Claim:

Transfer Tax paid to Woodbury county instead of Buena Vista County

Date Goods/Services Received:

Appropriation No:

Account No:

Non-general fund money involved in payment (check, if yes)

If yes, list source:

Agency authorized payment (check, if yes)

Claim is out dated (check, if yes)

If yes, provide reason:

Claim paid (check, if yes)

Claim amount correct (check, if yes) If no, list correct amount:

\$274.07

Federal money involved (check, if yes) If yes, list amount:

Agency Recommendation (check one):

Approval as submitted

Approval for corrected amount

Denial

Barbara Lewison

Signature

Executive Officer III

Title

10/21/22

Date

515-314-5936

Phone

Explanation:

Reduced to 82.75% of claimed amount, rest comes from county (Iowa Code 428A.8(1)(a))

Administrative Services Review

Complies with pre-audit rules (check, if yes)

Claim amount correct (check, if yes)

Comments:

If no, list correct amount:

Signature

Date

Attorney General's Office Recommendation

Approval as submitted

Denial

Approval for corrected amount of:

\$274.07

Jeffery Thompson or designee

Date

APPROVED

State Appeal Board Action

NOV 07 2022

DOCUMENT DETAILS

REVIEW DOCUMENT

REQUIRED DOCUMENT DETAILS	
Document Type	Deed
Number of Additional Transactions	
Number of Auditor Transfers	1
Real Estate Value	195,000.00
Transfer Tax Exemption	
DOV Exemption	
GWH Exemption	Yes

FEE SUMMARY	
Standard Fee	12.00
Addl. Transaction Fee	0.00
Transfer Fee	5.00
Transfer Tax	311.20
Service Fee	3.00
Total	331.20

PARTIES			
Order	Party Type	Name Type	Party Name
1	Person	Grantee	Caboth Curtis

ASSOCIATED DOCUMENTS	
Order	Document Reference Number or Book/Page



GAX 532 0020

532JBG230050 1

PAGE: 1 of 2

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:

BFY: FY: PERIOD: VENDOR LINES: 1 DOCUMENT TOTAL: \$274.07 CREATION DATE: 12-08-2022

DOCUMENT DESCRIPTION:

G230050 - Closing Slouxland Inc approved refund of

EXTENDED DESCRIPTION:

warranty deed incorrectly recorded and /or transfer tax refund. \$331.20 (State portion of this refund = \$274.07

ENTERED BY: jbarry

LAST USER: jbarry

0001-23-532



72259792
\$*****274.07
12/08/2022
GAX 532JBG230050

00804
CLOSING SIOUXLAND INC
2400 4TH ST
SIOUX CITY IA 51101

FOR QUESTIONS, CONTACT:
MANAGEMENT, DEPT OF
515-281-5512

LINE #	UNIT	CHECK DESCRIPTION	INVOICE #	INVOICE DATE	AMOUNT
01		STATE APPEAL BOARD CLAIMS			\$ 274.07

*MAILED
DIRECT
12/9/22*

TOTAL WARRANT AMOUNT
\$*****274.07

SAE001

For additional information about this payment, please go to <https://i3public.iowa.gov/payments/index.faces>

Account Numbers

0001-23-532-890-0020-2804

State of Iowa Warrant

VOID 6 MONTHS AFTER 12-08-22

No. 72259792

TO THE Treasurer of State
Des Moines, Iowa 50319

33-2306
780

TWO HUNDRED SEVENTY FOUR DOLLARS 7 CENTS

AMOUNT

\$*****274.07

Pay CLOSING SIOUXLAND INC
2400 4TH ST
SIOUX CITY IA 51101

532JBG230050

[Signature]
DEPARTMENT OF ADMINISTRATIVE SERVICES
AUTHORIZED SIGNATURE

⑈0072259792⑈ ⑆073023085⑆ 8018164908⑈