

INSTRUCTIONS(RP-5217-PDF-INS): www.orps.state.ny.us

FOR COUNTY USE ONLY

C1. SWS Code

Swis Code # 334203
Date Deed Recorded 11/25/2022
Bk # 15340 Pg # 1249

C2. Date Deed Recor

C3. Book



New York State Department of
Taxation and Finance
Office of Real Property Tax Services
RP- 5217-PDF
Real Property Transfer Report (8/16)

PROPERTY INFORMATION

1. Property Location: Union Street (WS)
 * STREET NUMBER: Montgomery * STREET NAME: Montgomery * CITY OR TOWN: 12549 * VILLAGE: * ZIP CODE:

2. Buyer Name: Route 211 Owner LLC
 * LAST NAME/COMPANY: FIRST NAME:

3. Tax Billing Address: Indicate where future Tax Bills are to be sent if other than buyer address(at bottom of form)
 * LAST NAME/COMPANY: FIRST NAME:
 * STREET NUMBER AND NAME: * CITY OR TOWN: * STATE: * ZIP CODE:

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR Part of a Parcel (Only if Part of a Parcel) Check as they apply:
 4A. Planning Board with Subdivision Authority Exists
 4B. Subdivision Approval was Required for Transfer
 4C. Parcel Approved for Subdivision with Map Provided

5. Deed Property Size: * FRONT FEET: X * DEPTH: OR * ACRES: 1.36
 4A. Planning Board with Subdivision Authority Exists
 4B. Subdivision Approval was Required for Transfer
 4C. Parcel Approved for Subdivision with Map Provided

6. Seller Name: KSH RT211 Development LLC
 * LAST NAME/COMPANY: FIRST NAME:
 * LAST NAME/COMPANY: FIRST NAME:

7. Select the description which most accurately describes the use of the property at the time of sale:
 D. Non-Residential Vacant Land
 Check the boxes below as they apply:
 8. Ownership Type is Condominium
 9. New Construction on a Vacant Land
 10A. Property Located within an Agricultural District
 10B. Buyer received a decedens notice indicating that the property is in an Agricultural Distrit

SALE INFORMATION

11. Sale Contract Date: 03/15/2022
 * 12. Date of Sale/Transfer: 08/11/2022
 * 13. Full Sale Price: 5,880,000.00
 (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale: 0.00

15. Check one or more of these conditions as applicable to transfer:
 A Sale Between Relatives or Former Relatives
 B Sale between Related Companies or Partners in Business
 C One of the Buyers is also a Seller
 D Buyer or Seller is Government Agency or Lending Institution
 E Deed Type not Warranty or Bargain and Sale (Specify Below)
 F Sale of Fractional or Less than Fee Interest (Specify Below)
 G Significant Change in Property Between Taxable Status and Sale Dates
 H Sale of Business is Included in Sale Price
 I Other Unusual Factors Affecting Sale Price (Specify Below)
 J None
 Comment(s) on Condition:

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken(YY): 22 * 17. Total Assessed Value: 130,600
 * 18. Property Class: 340 * 19. School District Name: Valley Central School
 * 20. Tax Map Identifier(s)/Roll Identifier(s) (if more than four, attach sheet with additional identifier(s)):
 211-1-29.22

CERTIFICATION

I Certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

SELLER SIGNATURE

[Signature] 8/11/2022
 SELLER SIGNATURE DATE
[Signature] 8/11/2022
 BUYER SIGNATURE DATE

BUYER CONTACT INFORMATION

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual responsible party who can answer questions regarding the transfer must be entered. Type or print clearly.)

Dushinsky Simon
 * LAST NAME FIRST NAME
 (718) 247-4762
 * AREA CODE * TELEPHONE NUMBER (E.g. 999999)
 505 Flushing Avenue
 * STREET NUMBER * STREET NAME
 Brooklyn NY 11211
 * CITY OR TOWN * STATE * ZIP CODE
BUYER'S ATTORNEY
 Zwick Jeffrey
 LAST NAME FIRST NAME
 (718) 513-2050
 AREA CODE TELEPHONE NUMBER (E.g. 999999)

