

A. SELLER(S) INFORMATION

BLACK OUT ON TOWN COPY ONLY

Entity SEL# 58 #1 Federal ID number [REDACTED] Individual SELLER #1 Social Security Number [REDACTED] Individual SELLER #2 Social Security Number [REDACTED]

SELLER #1 Name
CLAY BROOK AT SUGARBUSH, LLC

Individual SELLER #1 Last Name [REDACTED] First Name [REDACTED] Initial [REDACTED]

Entity SELLER #1 or Individual SELLER #1 Mailing Address Following Transfer (Number and Street or Road Name)
1840 SUGARBUSH ACCESS ROAD

City or Town **WARREN** State **VT** Zip Code **05674**

Individual SELLER #2 Last Name [REDACTED] First Name [REDACTED] Initial [REDACTED]

Individual SELLER #2 Mailing Address Following Transfer (Number and Street or Road Name)
[REDACTED]

City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]

TOTAL number of SELLERS **1** If more than 2, attach Form 172-S.

C. PROPERTY LOCATION
Number and Street or Road Name
UNIT 129, INTERVAL IV, CLAY BROOK
City or Town **(W/LO 127), AT SUGARBUSH CONDOMINIUM, FOREST DRIVE WARREN** VT

D. DATE OF CLOSING
03 18 2009
M M D D Y Y Y Y

E. INTEREST IN PROPERTY - Write the number from the list **1** If "4", enter % interest here [REDACTED] %

F. LAND SIZE (Acres or fraction thereof)
N/A CONDOMINIUM

G. SPECIAL FACTORS If sale was between family members, enter number from list below Check if development rights have been conveyed
1. Husband/Wife 2. Parent/Child 3. Grandparent/Grandchild 4. Other

H. TYPE OF BUILDING CONSTRUCTION AT THE TIME OF TRANSFER (Check all that apply)
1. None 5. Farm Buildings 9. Store
2. Factory 6. Multi-Family with Dwelling Units Transferred 10. Residential New Construction
3. Single Family Dwelling 7. Mobile Home 11. Other
4. Seasonal Dwelling 8. Condominium with **1** Units Transferred

I. SELLER'S USE OF PROPERTY BEFORE TRANSFER **7**
(Enter number from list) 1. Primary Residence 4. Timberland 7. Commercial **SKI RESORT LANDS**
2. Open Land 5. Operating Farm 8. Industrial
3. Secondary Residence 6. Government Use 9. Other
 Check if property was rented BEFORE transfer

B. BUYER(S) INFORMATION INTERNATIONAL address checkbox

BLACK OUT ON TOWN COPY ONLY

Entity BUYER #1 Federal ID number [REDACTED] Individual BUYER #1 Social Security Number [REDACTED] Individual BUYER #2 Social Security Number [REDACTED]

BUYER #1 Name
[REDACTED]

Individual BUYER #1 Last Name **CASARICO** First Name **MICHAEL** Initial [REDACTED]

Entity BUYER #1 or Individual BUYER #1 Mailing Address Following Transfer (Number and Street or Road Name)
410 ACORN LANE

City or Town **SHELburne** State **VT** Zip Code **05482**

Individual BUYER #2 Last Name **CASARICO** First Name **JODIE** Initial **M**

Individual BUYER #2 Mailing Address Following Transfer (Number and Street or Road Name)
410 ACORN LANE

City or Town **SHELburne** State **VT** Zip Code **05482**

TOTAL number of BUYERS **2** If more than 2, attach Form 172-B.

J. BUYER'S USE OF PROPERTY AFTER TRANSFER **3**
(Enter number from list) 1. Primary Residence 4. Timberland 7. Commercial
2. Open Land 5. Operating Farm 8. Industrial
3. Secondary Residence 6. Government Use 9. Other
 Check if property will be rented AFTER transfer Check if buyer holds title to any adjoining property

K. AGRICULTURAL/MANAGED FOREST LAND USE VALUE PROGRAM, 32 V.S.A. Chapter 124
 1. Check if property being conveyed is subject to a land use change tax lien
 2. Check if new owner elects to continue enrollment of eligible property

L. If transfer is exempt from Property Transfer Tax, cite exemption number from Instructions and complete Sections M, N, and O below.

M. TOTAL Price Paid **241747.00** **N. Price paid for Personal Property** **00.00** **O. Price paid for Real Property** **241747.00**

State type of Personal Property [REDACTED]
If price paid for Real Property is less than fair market value, please explain [REDACTED]

P. Value of purchaser's principal residence (See instructions) **00** **Q. Fair market value of property enrolled in current use program** **00** **R. Fair market value of qualified working farm** **00**

S. PROPERTY TRANSFER TAX DUE from rate schedule on page 3 of this form. **3021.84**

COMPLETE RATE SCHEDULE FOR ALL TRANSFERS. (Make checks payable to VERMONT DEPARTMENT OF TAXES)

T. DATE SELLER ACQUIRED **09 27 2001** **U. IF VERMONT LAND GAINS TAX RETURN IS NOT BEING FILED, cite exemption(s) from instructions on page 4 of this booklet.** **01** (FIELD # 4 FIELDS (VIA TRACKING))

AND 06/13/2005

Form PT-172, Page 1 of 4
Rev. 11/08 (REPLACES Form PT-1)

Form PT-172, Page 2 of 4
Rev. 11/08 (REPLACES Form PT-1)

RATE SCHEDULE

1. Value of purchaser's principal residence (See instructions)	1.	
2. Value of property enrolled in current use program	2.	
3. Value of qualified working farm	3.	
4. Add Lines 1, 2, and 3	4.	
5. Tax rate	5.	0.005
6. Tax due on Special Rate Property (Multiply Line 4 by Line 5)	6.	
Tax on General Rate Property		
7. Enter amount from Line O on page 2 of this form	7.	241747.00
8. Enter amount from Line 4 above	8.	
9. Subtract Line 8 from Line 7	9.	241747.00
10. Tax rate	10.	0.0125
11. Tax due on General Rate Property (Multiply Line 9 by Line 10)	11.	3021.84
TOTAL TAX DUE		
12. Add Line 6 and Line 11. Enter here and on Line 5 on page 2 of this form.	12.	3021.84

SIGNATURES

We hereby swear and affirm that this return, including all certificates, is true, correct and complete to the best of our knowledge.

SELLER(S)
Signature **CLAY BROOK AT SUGARBUSH, LLC** Date **3/18/09**
Signature By: *[Signature]* Date
Duly Authorized Agent
Signature _____ Date _____
Signature _____ Date _____

BUYER(S)
Signature *[Signature]* Date **3/18/09**
Signature **Michael Casarico** Date _____
Signature *[Signature]* Date **3/18/09**
Signature **Jodie M. Casarico** Date _____
Signature _____ Date _____

Prepared by (print or type) **Cravel and Shea** Preparer's Signature *[Signature]*
Preparer's Address **PO Box 369** Buyer's Representative _____
Burlington, VT 05402-0369 Buyer's Representative Telephone _____

LOCAL AND STATE PERMITS AND ACT 250 CERTIFICATES

Buyer(s) and Seller(s) certify as follows:

A. That they have investigated and disclosed to every party to this transaction all of their knowledge relating to flood regulations, if any, affecting the property.

B. That the seller(s) advised the buyer(s) that local and state building regulations, zoning regulations and subdivision regulations and wastewater system and potable water supply rules under 10 V.S.A. Chapter 64 pertaining to the property may limit significantly the use of the property.

C. That this transfer is in compliance with or is exempt from the wastewater system and potable water supply rules of the Agency of Natural Resources for the following reasons:
1. This property is the subject of Permit Number **WV-5-0938-3** and is in compliance with said permit, or
2. This property and any retained parcel is exempt from the wastewater system and potable water supply rules because (see instructions for exemptions):
a. Parcel to be sold: Exemption Number _____
b. Parcel retained: Exemption Number _____

Seller(s) further certifies as follows:

D. That this transfer of real property and any development thereon is in compliance with or exempt from 10 V.S.A. Chapter 151, Vermont's Land Use and Development law (Act 250), for the following reason:
1. This property is the subject of Act 250 Permit Number **SW1045-13D** and is in compliance with said permit, or
2. This property is exempt from Act 250 because (list exemption number from Line D in instructions): _____

E. That this transfer does not (strike one) result in a partition or subdivision of land. *Note: If it does, an Act 250 Disclosure Statement must be attached to this return before filing with the town clerk (see Line E instructions).* **SEE WASTEWATER DISCLOSURE REQUIREMENTS VOL. 195, PAGE 135, TOWN OF WARREN LAND RECORDS**

Town or City: Please forward **original** to the VT Department of Taxes within 30 days of receipt.

THIS SECTION TO BE COMPLETED BY TOWN OR CITY CLERK

Back Number **199** Page Number **430-433** Grand List year of **2008**
City or Town **Warren** Date of Record **03 18 2009**
Listed Value **Timeshare** Parcel ID Number **250012**
Grand List Category **0** SPAN **690219 13481**

ACKNOWLEDGMENT
Return received (including certificates and Act 250 disclosure statement) and tax paid.
SIGNED *[Signature]*, Clerk DATE **3/23/09**

* Please use the following two-digit grand list category codes
Residential <6 Acres 01 Commercial >6 Acres 05 Utilities Elec..... 10
Residential >6 Acres 02 Commercial 07 Farm 11
Mobile Home/Un 03 Commercial Apt..... 08 Other 13
Mobile Home/A 04 Industrial 09 Woodland 14
Seasonal <6 Acres 05 Utilities Elec..... 10 Miscellaneous 15