



# COUNTY OF WATAUGA TAX CERTIFICATE

In accordance with GS 105-361, I certify that the below is a true statement of the taxes and assessments due that are a lien on the property described below. If the information provided below is found to be incorrect this certification is null and void. This certification is specifically limited to the described property.

Date Requested \_\_\_\_\_

## The following information must be furnished:

Name of current owner \_\_\_\_\_

Name of last listing owner \_\_\_\_\_

Description of property: Lot or acreage amount \_\_\_\_\_

Tax Map No. \_\_\_\_\_

Account No. \_\_\_\_\_

Township \_\_\_\_\_

Road No. \_\_\_\_\_

Name of taxpayer listing property for past ten years:

Please show years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Requesting Agent \_\_\_\_\_

### FOR TAX DEPARTMENT USE ONLY: STATEMENT OF TAX ASSESSMENTS DUE

Account No. \_\_\_\_\_ Map No. \_\_\_\_\_ Real \_\_\_\_\_ Personal \_\_\_\_\_

Year	Rec. No.	Face Amount	Int.	Adv. & Sales Cost	Total

TOTAL DUE IF PAID  
DURING MONTH OF \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

Additional interest will be added \_\_\_\_\_

Date of Statement \_\_\_\_\_

TAX (DEPUTY) COLLECTOR