

OP-236 Schedule A
Grantor/Seller Information for Real Estate Conveyance

New 05/05

Town: _____

Location of Property Conveyed: _____

Date Conveyed: _____ Date Recorded: _____

Check here if the transaction is completed on one deed. ▶ Yes No

Use form *OP-236 Schedule A* to provide the required information if there are more than two grantors/sellers for a real estate property.

Grantor/Seller #3 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #4 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #5 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #6 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #7 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #8 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #9 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code

Grantor/Seller #10 (Last Name, First Name, Middle Initial) ▶	Taxpayer Identification Number ▶ <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
Address (Number and Street) (Mailing Address After Conveyance) ▶	City or Town ▶ State ZIP Code